

**PERCEPTIONS AND EXPERIENCES OF EARLY  
CHILDHOOD DEVELOPMENT (ECD) HELD BY  
CAREGIVERS IN AN UNDER-RESOURCED COMMUNITY  
IN GAUTENG**

**By**

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## DECLARATION

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## ABSTRACT

Global and local perceptions of early childhood development (ECD) have shifted in recent decades, with increasing emphasis placed on the importance of the early years and on caregiver-child interactions for the healthy development and growth of individuals. In the extensive literature in the area of ECD, there is a notable absence of literature on caregivers' perceptions and experiences of ECD, particularly in an under-resourced community setting. As caregivers' perceptions and experiences of ECD influence the manner in which they interact with children and the type of care provided; this was deemed an important aspect to investigate further. As a result, this inquiry attempted to understand these perceptions and experiences within the bio-ecological framework. The study utilised a social constructivist interpretivist paradigm that was both descriptive and exploratory in nature. Data was collected by means of individual interviews and later analysed by means of thematic content analysis. Applying the bio-ecological framework, the caregivers' individual, home, work and community contexts were highlighted. The findings yielded four main themes; the caregiver in the ECD centre, caregivers' perceptions of ECD, caregivers' experiences of ECD as it manifests in barriers to providing appropriate child care, and finally the risk and protective factors impacting on ECD in the South African context. The strength of the study lies in the addition of new insights on caregivers and their personal accounts of experiences related to ECD.

*Keywords: Early childhood development (ECD), perceptions and experiences, under-resourced, daycare, caregivers*

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## **ABBREVIATIONS AND ACRONYMS USED IN THIS STUDY**

AKDN	Aga Khan Development Network
ANC	African National Congress
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EFA	Education For All
HPCSA	Health Professionals Council of South Africa
NGO	Non-government Organisations
NPA	National Programme of Action for Children
NQF	National Qualification Framework
SAHRC	South African Human Rights Commission
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation
ZPD	Zone of Proximal Development

## **DEDICATION**

This work is dedicated to a very special soul, my grandmother,

*Zelda Spraggs*

Your love and care in my early years stayed with me throughout my life.

## **CHAPTER 1**

### **INTRODUCTION TO THE RESEARCH STUDY**

#### **1.1 INTRODUCTION**

Our understanding of early childhood development (ECD) has changed substantially over the last few decades; with the most significant shift being that ECD is of utmost importance for the healthy growth and holistic development of children (Rathus, 2006). This is especially true for children from under-resourced communities where optimal development and healthy growth are hindered by many factors; including poverty, a lack of access to adequate medical care and poor educational opportunities (Campbell, Pungello, Miller-Johnson, Burchinal, & Ramey, 2001; Duncan, Brooks-Gunn, & Klebanov, 1994). Barnett (1995), for instance, found that for children from under-resourced backgrounds, high quality ECD interventions can be the difference between later scholastic failing and passing, mainstream or special education and early school dropout or completion of formal schooling. Thus, early stimulation and care, specifically in under-resourced areas, increases children's chances of not only surviving physically, but also thriving scholastically and later in life (Barnett, 1995; Excell, 2011; Heckman, 1999).

Internationally, the importance of ECD was given impetus in 1990 when the Jomtien Declaration on Education for All acknowledged that education starts at birth (Papatheodorou, 2012; Pence & Nsamenang, 2008). Since then there have been several international initiatives to promote ECD and offer children from especially under-resourced backgrounds an opportunity to reap the benefits of early stimulation and care. Within the South African context, ECD gained focus with the publication of several important legislatures such as

Education White Paper 5 (Department of Education, 2001); following which there have been a number of initiatives to promote ECD in South Africa. Of particular value amongst these were non-profit and community initiatives that provided ECD care in under-resourced communities (United Nations International Children's Emergency Fund [UNICEF], 2005). South African statistics from 2012 show that 36% of children below the age of 5 years partake in some form of ECD provisioning, with the number rising as more importance is placed on this age group (Statistics South Africa, 2013). However, according to the South African Human Rights Commission (SAHRC) and UNICEF (2011) children in under-resourced communities are only half as likely to benefit from appropriate ECD interventions, compared to their counterparts who live in better resourced communities; highlighting that there is still much work to be done in promoting ECD initiatives within the South African context.

## **1.2 RESEARCH RATIONALE**

According to Hall, Woolard, Lake, and Smith (2012), blatant disparities exist in the financial standing of South African children, with a significant 58% of children living in conditions of extreme poverty. Children in under-resourced communities are most likely to suffer from inequality in educational and medical provisioning; which can hinder their early development. In order to strengthen ECD provisioning in the country, it is imperative to address these inequalities and promote ECD initiatives. As a starting point, research by Greenberg, Spelts, and DeKlyen, (1993) and Pianta (1999) have suggested that one of the factors that can either enhance or impede a child's early development, is the interaction he or she has with a significant caregiver. Furthermore, Kaplan (1998) found that these significant caregivers' perceptions, views and experiences hold ramifications for the type and quality of

care offered to children. However, very little published research exists on the caregivers who provide ECD interventions and care in South Africa, particularly in under-resourced communities. Although, research studies in South Africa have focused on the importance of ECD (Biersteker, 2001; Williams & Samuels, 2001), as well as the general state of ECD and the challenges facing ECD in the country (Atmore, Van Niekerk, & Cooper, 2012; Biersteker & Dawes, 2008, Williams & Samuels, 2001) few investigations have explored the perceptions and experiences of caregivers. Since the relationship with a caregiver is proven to be significant for a child's development, there is a need to obtain further understanding in the area. This information would serve both to enhance theoretical and qualitative understanding in the area of ECD in South Africa and to contribute to the formation of possible interventions based on documented experiences, challenges, views and perceptions. Considering the fact that multiple forms of ECD provisioning are becoming more prevalent and that the importance of ECD is gaining greater support, this area is worthy of further exploration as the results can hold implications for many under-resourced communities both locally and globally.

### **1.3 RESEARCH AIMS**

Considering the above, the aim of this study was to explore caregivers' perceptions and experiences of ECD in an under-resourced South African community. It further involved exploring how caregivers conceptualise ECD, and the challenges caregivers face in this setting. The study also focused on the risk and protective factors to ECD within the broader South African context, as these caregivers subjectively experience them. Ultimately, this research aimed to enhance understanding of the subject matter by offering meanings and interpretations attached to ECD. Additionally, this study aimed to expand and complement current literature, by presenting caregivers' personal accounts of perceptions and experiences.

## **1.4 RESEARCH QUESTIONS**

Given the aims of this study, the primary research question around which the study was formulated was:

- What are caregivers' perceptions and experiences of ECD in a daycare centre in an under-resourced community?

In order to explore this further, the following additional research questions were posed:

- How do caregivers in a daycare centre in an under-resourced community conceptualise ECD?
- What are some of the challenges faced by caregivers working in a daycare centre in an under-resourced community?
- How do these caregivers perceive the risk and protective factors facing ECD in the broader South African context?

The questions aimed to identify a range of components involved in ECD provisioning, thereby creating space for further research and in depth assessment of the findings.

## **1.5 CONCEPT CLARIFICATION**

With any research study, certain terms and concepts are used in order to expand on the subject matter. For easier comprehension by reader, the core concepts will be clarified.



### **1.5.1 Experience and Perception**

The respective terms ‘experience’ and ‘perception’ are subject to a wide variety of interpretations dependent on the domain from which one views these concepts. In the domain of psychology, the term ‘experience’ is broadly defined in the *Cambridge Dictionary of Psychology* as a noun used to describe “practical contact with and observation of facts or events or the knowledge or skill acquired in a particular profession or an event or occurrence which leaves an impression on someone” (Matsumoto, 2009, p.196). In the context of this research study, the term experience denotes all of the above as it relates to caregivers’ involvement in a daycare centre in an under-resourced community. The term ‘perception’ is also subject to an array of interpretations. This research makes use of the definition described in *The Concise Dictionary of Psychology*, which defines perception as “the way in which something is regarded, understood and interpreted” and “intuitive understanding and insight” (Statt, 1998, p. 100).

In addition, this report uses these terms to represent ‘experience’ as physical and practical while ‘perception’ is represented as the mental and abstract; however, these two terms are not mutually exclusive and the relationship between the two shapes thoughts, knowledge and understanding.

### **1.5.2 Early Childhood Development (ECD)**

ECD is a concept used to describe the process of maturation and growth as it applies to physical, cognitive, emotional, social and psychological faculties (Smith, Cowie, & Blades, 2003). It encompasses the ages of 0 to 9 years of life (Department of Education, 2001). Linked closely to this concept is the broader definition of ‘development’, which refers to the

systematic appearance of change over a person's life span that leads to growth and adaptation to the demands of life (Rathus, 2006).

### **1.5.3 Caregivers**

Broadly speaking the term caregiver refers to any individual looking after another (Dantile, 1999). Hornby (1995) adds that caregivers are people who are interested in and who have a caring, loving heart and a positive attitude towards children of their own and of others. In the context of this research, the term caregivers refer to individuals within an ECD facility who take care of children. These individuals may be formally trained as teachers or individuals who are committed to caring for children without any formal qualification. They may be parents lending a helping hand or those associated with ECD facilities or early childhood education (Department of Education, 2001).

### **1.5.4 Under-Resourced**

According to Allen (1990) as cited in *The Concise Oxford Dictionary*, the term 'under-resourced' is defined as lacking in resources. According to *The Concise Dictionary of Psychology* (Statt, 1998), the term 'resources' denotes a supply of assets that may be material, physical, emotional or economic. In this research study, the term 'under-resourced' explains scarcity in the bounds of the community setting. This term is often replaced with terms such as 'under-privileged', 'disadvantaged', 'resource-poor' and 'marginalised' (Matsumoto, 2009).

### **1.5.5 Daycare**

The caregivers selected to partake in this study operate from within the settling of a daycare environment. In the South African context, a number of alternatives to traditional child care

models have become popular. The *Children's Bill No B70* (Republic of South Africa, 2003) explains that these include educational institutions such as crèches, daycare centres, playgroups, community centres or home based care, which have become known as partial care facilities. Within this research study, these alternative models are referred to as ECD centres, ECD facilities or partial care facilities; the term is used to denote educational provisioning or daycare facilities for preschool children.

## **1.6 THEORETICAL ORIENTATION**

According to Denzin and Lincoln (1994), the theoretical orientation of a research study assists in defining the nature of the world and aspects pertaining to relationships within that world. This research study involves a qualitative analysis of caregivers' intimate thoughts and Experiences concerning ECD, and it is important to include a theoretical orientation that defines the researcher's position in the world and the researcher's relationship to that world and its parts.

The theoretical framework that informed the choice and design of this study is the bio-ecological perspective as conceptualised by Urie Bronfenbrenner. Bronfenbrenner's model is an example of a multi-layered approach to human development that stipulates that no individual or entity can be fully understood without first exploring the context in which he or she exists and second investigating the reciprocal interactions or influences between the entity and elements of its environment (Swart & Pettipher, 2011). This framework allows for the study of individuals' interactions within their social environment and thus is a valuable tool for understanding the perceptions and experiences of individuals by viewing these individuals as systems in and of themselves (Swart & Pettipher, 2011).

Bronfenbrenner (1979) conceptualised a number of levels or contexts that shape development or change (see Figure 1.1). These contexts are divided and explained below for ease of understanding; however, these categories are not mutually exclusive and should rather be viewed as dynamic and interactive in nature.

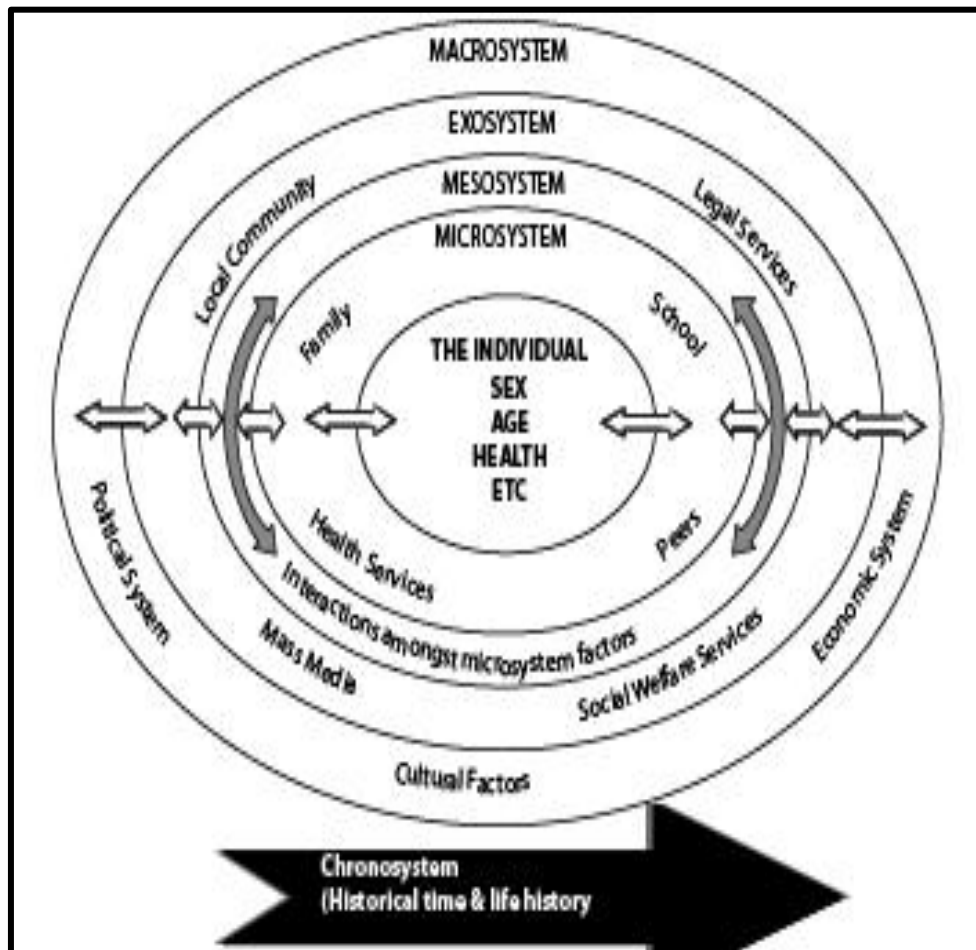


Figure 1.1 Graphical representation of Bronfenbrenner's bio-ecological theory.

Source: Adapted from Donald, Lazarus, and Lowana (1997)

### 1.6.1 The Individual System

At the centre of each system is the developing individual, be it a child, an adult or an entity that interacts with other levels or systems. The individual makes up a system in and of itself (Bronfenbrenner, 1979). According to Swart and Pettipher (2011), the individual's

development is a result of intricate person-environment reciprocal interactions, which occur over an extended period. Bronfenbrenner (1977) referred to these interactions as *proximal processes*. Proximal processes interact further with the individual's characteristics and the context in which he or she exists. An individual's characteristics become very important in terms of this approach, as they are the biological determinants of the individual's method of interacting with the environment. Bronfenbrenner's model identifies three categories of person characteristics that are important to note: disposition, ecological resources and demand characteristics. Disposition refer to an individual's characteristics that can enhance or inhibit proximal processes. Examples of dispositions would include introversion, extroversion, antagonism or unresponsiveness. Ecological resources include psychological or emotional characteristics that increase or decrease a person's ability to partake in proximal processes such as knowledge or lack of knowledge, physical impairments, psychological or cognitive difficulties or skills and experience. Finally, demand characteristics are those traits that promote or inhibit reactions from the social environment. Thus, the individual is an active participant in his or her development as the interaction of his or her characteristics with the environment, account for an individual's reaction to situations (Swart & Pettipher, 2011).

### **1.6.2 The Microsystem**

The microsystem encompasses the environmental forces that are in immediate contact with the individual at the centre of the system (Swart & Pettipher, 2011). According to Bronfenbrenner (1977), the relationship between the developing individual and the environment includes interactions with the closest systems to the individual such as home, work and personal relations. These forces are each a system in their own right, which interact in a bi-directional, on-going manner and thus shape the way in which proximal processes or developments are experienced and executed (Swart & Pettipher, 2011).

### **1.6.3 The Mesosystem**

The mesosystem described the interconnectedness of the microsystems in the developing individual's environment (Jack & Jack, 2000, as cited in Keke, 2006). On this level, the forces that influence the individual's environment interact to alter the connected systems (Swart & Pettipher, 2011). Thus, these interactions and their results affect the developing individual (Jack & Jack, 2000, as cited in Keke, 2006). Ideally, the mesosystem and microsystem work in a congruent way to achieve a healthy individual (De Goede, Branje, & Meeus, 2009).

### **1.6.4 The Exosystem**

According to Bronfenbrenner (1977), the exosystem is an extension of the mesosystem and describes social structures that do not directly include the developing individual but nonetheless exert an indirect influence on the individual's development through his or her environment. Examples of these social structures include the community resources, educational systems, health services and local government (Swart & Pettipher, 2011).

### **1.6.5 The Macrosystem**

According to Bronfenbrenner (1977), it is within the macrosystem that all the preceding levels exist and operate. The macrosystem describes the over-reaching influence of the inherent set of values, norms, beliefs and circumstances present in any given society, culture, religion or country. This broad level or system affects the interaction between the individual, micro, meso and exo levels; thus broadly shaping all development at any given point (Swart & Pettipher, 2011).

### **1.6.6 The Chronosystem**

Bronfenbrenner (1977) described the chronosystem as encompassing the element of time. The circumstances that affect each level, from the individual to the macrosystem are subject to the influence of time and change. Examples of this include the advancement of technology, the change in societal values, the influence of political circumstance, such as apartheid, and economic circumstances such as recession.

In conclusion, bio-ecological theory highlights the complex nature of individuals' development and interaction with the environment. In essence, the aim of the theory is to understand the whole by viewing the sum of the different parts. Each component of each level has ramifications for the individual, thus each component (including the individual) can serve as a risk or protective factor for healthy development. On the most basic level, the individual's reaction to events can serve either to protect the individual from distress or to cause the distress. Likewise, interactions with others in the bounds of the microsystem enhance development, as is the case with a supportive family; or it can diminish development in the case of abusive family. This principle applies to all the systems in the individual's ecosystem.

This research study aimed to explore caregivers in a daycare centre in an under-resourced community in Gauteng. According to the bio-ecological model, an exploration of this nature necessitates the investigation of the contexts in which the individual exists. Additionally, this research has ramifications for another system; that of the developing child and since this model evolved as a theory of child development, it is especially appropriate to guide this research study. Caregivers in day care centres are the facilitators of early education; due to their role, they influence the development of children in a significant way. Therefore,

obtaining knowledge regarding their perceptions and experiences of ECD offers insight into the manner in which caregivers provide child care. Thus, understanding caregivers' perceptions and experiences can enhance our comprehension of ECD in general (Swart & Pettipher, 2011).

## 1.7 DEMARCATION OF STUDY

This research report is divided into five chapters and will be presented below (see Table 1.1).

Table 1.1

Structure of Research Report

Chapter	Content
Chapter 1	The <b>introduction to the research study</b> chapter covers the rationale, aims and research questions as well as the theoretical orientation, key terms and structure of the report.
Chapter 2	The <b>literature review</b> chapter presents relevant and pertinent literature in the field of ECD, while expanding on the context and background of the study.
Chapter 3	The <b>research design and methodology</b> chapter describes the procedures, methods and design of the study.
Chapter 4	The <b>presentation and discussion of findings</b> chapter presents the themes that emerged from the thematic analysis of the data corpus, as well as a discussion of the emergent themes.
Chapter 5	The <b>overview, strength, recommendations, limitations and conclusion</b> chapter deals with the strengths, limitations, recommendations and personal reflection associated with the research study while offering the final concluding remarks of the study.



## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The aim of this literature review is to contextualise the research topic, while critically presenting relevant information, which will assist in justifying the need for the study. The literature review also offers the researcher an understanding of the universe of knowledge that exists on the subject matter (Evans, 2007). Since the topic of ECD has numerous facets, it is vital to obtain a deeper understanding of the area under discussion. However, in order to understand the different aspects and the importance of ECD, it is also necessary to keep in mind the theoretical orientation explained in chapter 1, specifically as the bio-ecological model offers a holistic approach to understanding the topic at hand. This model stipulates that the entire system and environment will influence our understanding of the subject matter (Bronfenbrenner, 1979). This theoretical perspective will therefore shape the chapter to follow in that the many contexts and components of ECD will be considered.

Taking the above into consideration, this literature study will explore the general concept of ECD by referencing past and present views and research on its nature and importance. Thereafter, the focus will shift to ECD in the South African context with reference to its history and status. Given that ECD faces many challenges in the South African context, risk and protective factors will be discussed, as well as the specific importance of ECD in the country. Finally, the literature review will focus on the provision of ECD services and the effects of quality child care and the caregiver in the ECD setting; thereby establishing the need for the current research study.

## **2.2 ECD: AN OVERVIEW**

### **2.2.1 Historical Views and Early Childhood Development Theory**

Modern views of human development have evolved from centuries of change in philosophy, scientific progress and cultural norms. These views are significant as early ideas continue to shape current theory and research (Peltzman, 1998). Historically, various researchers adopted differing opinions as to what influences children as they grow up. Many of these opinions formed part of the famous nature versus nurture debate (Gonzalez-Mena, 2008). The nature-nurture argument seeks to weigh up the influence of a child's genetic makeup, as opposed to environmental influences, in determining behaviour, personality and intellect (Rathus, 2006). Gonzalez-Mena (2008) explains that most contemporary researchers have adopted an amalgamated view of the two, which sees the dynamic interaction between genetics and the environment as the ultimate determinant of child development.

John Locke was one of the first to describe early development in children, by introducing the term *Tabula Rasa* (Blank Slate). Locke argued that when children are born, they do not have any preconceived notions, skills or ideas. Rather, children possess unlimited potential for knowledge and development that can be moulded by their environment (Petryszak, 1981). Locke believed that a child's environment was the only factor in determining development and that a child absorbs information because of environmental interactions. Therefore, the development of the child was largely due to the input of parents and significant adults in the child's life (Rathus, 2006). Conversely, Jean-Jacques Rousseau held the view that children are inherently driven by goodness. He stipulated that children's interactions with adults were not as significant as hereditary influences, which Rousseau believed to be the ultimate factor in developing healthy children (Rathus, 2006). In contrast to both these theories, the church, which yielded a great deal of influence at the time, promoted the idea that children are

inherently evil. The church therefore advocated for the harshest disciplinary measures to be utilised when raising children and shaping their development (Rathus, 2006).

### **2.2.2 Current Views on ECD**

The views above broadly shaped current approaches to early childhood development theory, with most theories falling somewhere on the nature-nurture continuum (Rathus, 2006). The situation today is however somewhat different in that later theories adopted a more universal approach, aimed at the inclusion of the child's full spectrum of needs (Gonzalez-Mena, 2008). This holistic approach has become the cornerstone of current views on ECD (Oates, Wood & Grayson, 2005). Congruently, the theoretical orientation of this study, Bronfenbrenner's bio-ecological model, recognises the need to view the child holistically as the model advocates that both individual qualities and environmental contributions mould the child and development (Bronfenbrenner, 1977).

The last few decades have seen a major shift in worldviews on ECD, with the most significant catalysts being the United Nations Convention on the Rights of the Child (UNCRC) (1989), as well as the World Conference on Education for All (EFA), otherwise known as the Jomtien Declaration on Education for All (1990) (Pence & Nsamenang, 2008). These conventions pinpoint ECD as a vital part of basic education and as a result, ECD was researched more thoroughly. This led to the view that a child's early years is a key period of brain development, which holds ramifications for broader social and economic development (Pence & Nsamenang, 2008). Further, the current understanding of ECD has also evolved to include multiple components (Chisholm, 2004); offering a holistic approach which stipulates that ECD embodies aspects of nutrition, health, hygiene and cognitive development, as well as social and emotional well-being (Tinajero & Loizillon, 2012). According to Lindon

(2006), the term holistic as it applies to the child, implies an approach that views the child as an entire individual, with several domains and skills contributing to the child's whole development. With this in mind, *The State of the World's Children* explains that ECD is "a comprehensive approach to policies and programmes for children from 0 to 8 years of age, their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential" (UNICEF, 2001, p. 17).

A similar definition is provided for the South African context in the *Education White Paper No 5*, which describes ECD as "an umbrella term that applies to the processes by which children from 0 to at least 9 years grow and thrive, physically, mentally, emotionally, spiritually, morally and socially" (Department of Education, 2001, p.5). This study will utilise both definitions of ECD as both are applicable to the subject matter as well as the definition provided in Chapter 1.

### **2.2.3 The Importance of ECD**

#### **2.2.3.1 The Importance of ECD on an Individual Scale**

This evolved view of ECD has no doubt arisen as a result of the vast research on the importance of ECD (Biersteker, 2001; Penn, 2005; Rathus, 2006). According to Rathus (2006), the period between a child's birth to the age of 5 years is a period of time in which substantial development occurs. If facilitated correctly, through developmentally appropriate ECD interventions, these years may form the basis for constructive growth in all domains of development including the cognitive, physical, emotional and social areas. This idea is supported by biological research, which explains that in the early years of life, brain plasticity is at its highest resulting from extreme neurological activity, which forms connections that

influence later capabilities (Penn, 2005). A report by Tinajero and Loizillon (2012) written for UNESCO, cites research by Mustard (2011) which stipulates that development in children is sequential and therefore, experiences in the earlier stages affect later stages. In children, neurons develop from birth; which affects all higher cognitive abilities. These years are therefore essential for the attainment of concepts, skills and attitudes that lay the foundation for learning. These include attainment of language; perceptual-motor skills required for learning to read and write; basic numerical aptitude, problem-solving abilities and a love for learning. A longitudinal study conducted by Ramey and Ramey (2004) corroborate this view as it found that children who attend a preschool programme performed better on assessments related to reading and numeracy. Furthermore, these children retained their performance in the areas of reading and numeracy in later school years and were less likely to need special education. The Aga Khan Development Network (AKDN) released a report in 2012 based on studies in Bihar, India that proved that children entering formal schooling without exposure to healthy ECD experiences are at risk for early dropout. This report goes on to state that should these children continue with schooling, patterns of underachievement are observed throughout their academic career. In line with this, research by Shabnam (2003, as cited in Qadiri & Manhas, 2009) found that early education plays a meaningful role in contributing to completing primary education.

According to Penn (2005), ECD is especially important for children from under-resourced settings. Perhaps the most significant evidence can be found in research on the *Head Start* programme. The Head Start programme was implemented in the United State in 1965; today it is the most widespread ECD programme for disadvantaged children in a developed country. Head Start aims to provide a comprehensive programme to aid children from disadvantaged settings with the skills needed for formal schooling (Currie & Thomas, 1995). Additionally,

this programme provides support to families and communities in order to implement long lasting change from the bottom up (Currie & Thomas, 1995). Zill et al. (2001) conducted an extensive study on the Head Start programme, which included 3200 children involved in the programme. The authors' findings give evidence that children completing the programme gained significantly in the areas of literacy and numeracy. This is in line with findings by Hawley and Gunner (2000) that provided evidence that participation in an ECD programme is associated with cognitive gains and improved school attainment that influences the lives of low-income children in a constructive manner. For this reason, Barnett (2004) adds that quality early education improves cognitive skills and achievement throughout life.

In addition to cognitive development, quality ECD experiences in the early years hold implications for healthy emotional and social development that affect the child throughout his or her life (World Bank, 2013). Participation in an ECD programme assists children in developing skills related to self-expression resulting from creative play, art, movement and music. According to Tuffelmire (2014), play in this setting is vital for children as it provides children with the opportunity to gain competencies in socialising. The author cites research from Montana State University (2010) that identifies play as a process whereby children begin to expand their world to include others. Interaction with others in this context develops the skills necessary for acceptable social interaction such as sharing, cooperation, empathy, respect and listening. Phal and Barrett (2007) explain that social development should not be dismissed as healthy social and emotional development positively correlates with achievement in school and life.

Furthermore, ECD is one of the leading determinants of physical health (World Health Organisation [WHO], 2008). According to Tinajero and Loizillon (2012), research in the area

gives evidence to the fact that unfavourable childhood incidents have a long standing impact on an individual's health. These researchers cite cardiac illness, obesity, diabetes and substance abuse as some of the complications caused by undesirable early experiences such as poor quality child care, inadequate nutrition and neglect. Additionally, inadequate physical care in this period is responsible for a high rate of childhood mortality according to Statistics South Africa (2013). The link between ECD and health has been recognised by the United Nations (UN) (2000) in the Millennium Development Goals, evident in the fact that five of the eight goals relate to the health, nutrition and education of children.

Based on research emphasising the importance of ECD, Biersteker (2001) argues that deprivation in the early years of life result in more dire consequences than at any other stage. This argument highlights the significance of ECD in contributing to the holistic development of responsible and healthy individuals later in life. Therefore, one may conclude that the quality of early childhood care and education holds ramifications for an individual's entire life cycle.

#### **2.2.3.2 The Importance of ECD on a Broader Scale**

On an individual scale the importance of ECD is clearly established (Biersteker, 2001). Shonkoff (2009) set out to establish the importance of ECD in laying the foundation for a prosperous and sustainable society by stipulating that proper ECD programmes contribute to building society in two ways. First, addressing education at an early stage saves funding on numerous social harms such as unemployment, poverty and disease. ECD also paves the way for future education and helps create a society of individuals who can meaningfully contribute to a workforce and thus a country's economic development and prosperity. According to the World Bank (2013), immense research in the area of early childhood has

proved that investing in ECD programmes benefits children, families and societies. The author explains that the positive effects of ECD, leads to greater adult productivity and higher levels of social, cognitive and emotional functioning. In research conducted by Currie and Thomas (1995) on Head Start, one of the most significant results was higher completion rates of high school and thus a higher economic return seen in an increase in lifetime wages. It was established that completion of an ECD programme improves school performance in the early grades and increases the probability of school completion leading to improvements in future wages and employment opportunities, thereby creating individuals who can contribute to society. Furthermore, according to a longitudinal study conducted by the Educational Research Foundation (Schweinhart, 1993), involvement in a preschool programme is linked to reduced criminality and utilisation of welfare organisations; thereby lessening the burden on society. The Centre on the Developing Child at Harvard University endorses this view in a report entitled *Core Concepts in the Science of Early Childhood Development* (2012) in which the author describes child development as a “critical foundation for community development and economic empowerment” (p.4). This report explains that investing in future generations through the development of ECD programmes provides children with the means to live a productive responsible life.

## **2.3 PROMOTING ECD GLOBALLY**

Given the positive returns of ECD, this period has become a focal point in the global arena (Pence & Nsamenang, 2008). Thus, several international assemblies have been launched to promote ECD. These have led to increased awareness of ECD particularly in low-income and ethnic minority groups, as the benefits of ECD for individuals from under-resourced areas and the broader society have clearly been established (Pence & Nsamenang, 2008). In 1989, the UNCRC (1989) set the tone for many initiatives in the area of ECD. Further, in 1990, the



Jomtien Declaration on EFA stressed ECD and Early Childhood Care and Education (ECCE) as key factors in preparing young children for school and in meeting their fundamental needs (Pence & Nsamenang, 2008). In 2000, the Dakar World Education Forum convened as a follow up to the Jomtien Declaration on EFA. This assembly committed to enhancing the lives of young children through increased focus on ECD. Following a meeting of the general assembly in 2002, UNICEF also released a report entitled *A World Fit for Children*, which built on the needs of children and previous goals set in the EFA framework, to offer eight Millennium Development Goals. The goals are as follows:

1. Eradicate poverty and hunger
2. Achieve universal primary education
3. Promote gender equality
4. Reduce child mortality
5. Improve maternal health
6. Combat disease such as HIV/AIDS
7. Ensure environmental sustainability
8. Develop global partnership for development

(UNICEF, 2002).

A briefing paper on the Millennium Development Goals by Munoz (2008), explains that many countries made major strides in improving the lives of many because of the Millennium Development Goals. However, he goes on to explain that not all countries and regions are on track to meet the goals set out, possibly because of the many barriers faced by developing countries, such as poverty, weak government bodies and social instability, which stand in the way of sustainable development. However, it is encouraging that global awareness of ECD is

increasing and as a result, many programmes have been established in support of ECD (Munoz, 2008).

## **2.4 ECD IN SOUTH AFRICA**

In contrast to the global context, the South African setting is unique. South Africa is home to a multitude of diverse people from different religious, cultural, racial and socioeconomic backgrounds (UNICEF, 2001). Childhood development in South Africa has to be viewed in the context of the broader social situation in the country, as the majority of children are living in conditions that are not beneficial to their development (Williams & Samuels, 2001). Many South African children live in conditions where poverty, crime, ill health and unemployment are all too familiar (UNICEF, 2011). In order to contextualise ECD in South Africa, these conditions and the risk they pose to ECD in this country, need to be established. However, it is also important to look at the broader social situation and discuss the history of education and ECD in South Africa, as it holds implications for the current state of affairs and the importance of ECD in this country.

### **2.4.1 The History of Education in South Africa**

To understand the history of ECD in South Africa, it is valuable to explore the general background of educational systems and policy that shaped the current state of ECD. Prior to 1994, South African educational systems were governed by apartheid policy. Apartheid policy advocated the unequal provision of education in terms of race, ability and region (Biersteker, 2001). According to the Department of Education (2001) discrimination against Black South Africans under apartheid left considerable inequality amongst the races. Kallaway (2002) explains that the Bantu Education System governed provision of education for Black South Africans. This system ensured that Black South Africans did not have equal

rights and therefore the opportunities presented to them were different from those presented to White South Africans. Generally, education of Black South Africans occurred in rural, under-resourced areas resulting in their development being confined (Kallaway, 2002).

#### **2.4.2 Early Childhood Education in the South African Context**

According to Williams and Samuels (2001), the current lack of resources for early childhood education is a result of the inequalities of the apartheid regime, as the education of young Black South African children was largely ignored during apartheid (Chisholm, 2004) and was often left to parents and families within under-resourced areas. Early childhood educational programmes were not available to African children, emphasising the segregationist policy tendencies (Chisholm, 2004). Under the National Party, elected in 1948, Black children were further marginalised, as support for early childhood services dramatically decreased. Conversely, early education was advocated for White children. While funding for early educational needs of Black children ceased, the responsibility for funding educational facilities was left to parents and non-government organisations (NGOs) (Chisholm, 2004). To exasperate the problem further, training for Black ECD practitioners was phased out (Kellaway, 2002). Thus, education for children in the younger age group of 0 to 6 years was largely downgraded under the apartheid regime. In the 1980s, the state began to acknowledge the necessity for early childhood education because of the high volume of early school dropout amongst African youth. However, the Department of Education lacked the resources necessary to implement any lasting change (Williams & Samuels, 2001). Therefore, inadequate ECD provisioning continued throughout the 1990s with only a small percentage of South African children between the ages of 0 to 6 years having access to an ECD programme (Williams & Samuels, 2001).

### **2.4.3 The Transition to Democracy**

Since 1994, new legal systems and frameworks have been established to address previous discriminatory practices in the educational arena. A major challenge to the new government was the need to deliver quality ECD provisions for South African children (Williams & Samuels, 2001). During this period, ECD emerged as a term used to describe the policies and initiatives aimed at addressing the lack of educational provisioning for the majority of South African children (Williams & Samuels, 2001). These efforts aimed to improve conditions for those who were particularly vulnerable, including children (Chisholm, 2004). After the election of the African National Congress (ANC) in 1994, a new constitution was instituted which guaranteed education for all South Africans without bias.

### **2.4.4 The Current State of ECD in South Africa**

Following 1994, the South African government began to acknowledge ECD as an important factor in future educational achievement, especially for children from under-resourced settings (Biersteker & Dawes, 2008). This is evident in the fact that the country's constitution offers a strong basis for tackling matters related to ECD. With this in mind many frameworks, policies, programmes and plans have been developed on a national and local scale to attend to ECD (Department of Education, 2001). Beginning in the early 1990s, South Africa endorsed the UNCRC, thereby committing to promote the rights of children within the country (Chisholm, 2004). By signing the UNCRC, South Africa agreed to implement measures to promote the rights of children by offering special care and environmental provisions aimed at development and education (UNCRC, 1989). However, it is the implementation of local legislature and action plans that determine whether ratification of the convention will enhance the lives of children. Following the signing of the UNCRC South

Africa signed the African Charter on the Rights and Welfare of the Child (1990). This charter recognises that the needs of African children are unique in that they are challenged by poverty, hunger and other socio economic difficulties, as well as cultural and developmental diversity. South Africa ratified this charter in 1990, thereby agreeing to ensure the survival, safety and development of each child (Article 5), as well as promoting the education of all children (Article 11:1) with emphasis on the advancement of a child's full potential in all domains of development (Article 11:2). As stated previously, without government policies, plans and legislature the conventions above would have no bearing on South African children. To carry out its commitment to the children of the country, the South African government developed the National Programme of Action for Children (NPA) in 1996. The NPA is a means of identifying and unifying plans for children and ECD. The NPA supports the view that the key to success in matters relating to ECD is the upgrade and expansion of current resources as well as providing support to informal care facilities. According to the Department of Education (2001), there are numerous reasons to support increasing provision of ECD services. One of the main reasons cited relates to the results of ECD in the country, including better standards of living for children in the long run, reduction in costs and resources related to remedial and special education and increases in economic returns, especially for women.

*White Paper on Education and Training* (1995) marked the beginning of growing support for ECD as a vital component of education. This was expanded upon in the Education White Paper 5 (Department of Education, 2001) on ECD. This paper was helpful as it offered a far reaching plan to improve the lives of children between 0 to 9 years. The ultimate aim being to offer policies and programmes that protect the child's right to grow holistically in all domains of development (Department of Education, 2001). In this paper, the Department of Education

(2001) gives an overview of the challenges facing the provision of ECD services in South Africa. The Education White Paper 5 (2001) on ECD further calls for the implementation of ECD programmes in under-resourced communities. The Department of Education lists a number of goals for the future progress of South African children. Amongst these goals, by 2010, all children should have access to a reception year programme and 85% of children should attend Grade R.

In 2000, South Africa ratified the Millennium Declaration and the Millennium Development Goals as well as the Dakar Framework for Action on EFA, with its focus on ECD through its six goals:

1. Expansion and improvement of early childhood provisioning, especially for children from under-resourced areas.
2. Free compulsory education for all children (Including minorities) by 2015.
3. Access to learning and life skills programmes for all.
4. 50% improvement on literacy for all (especially women) by 2015.
5. Eliminating gender disparities in education by 2015.
6. Improving education especially in literacy and numeracy.

(UNESCO, 2012)

Despite the renewed government focus on ECD in South Africa, ECD provision has been and remains largely problematic (UNICEF, 2001), with the primary challenges to overcome being access, low levels of teacher education and lack of quality programmes (Van Der Vyver, 2012). Most existing ECD facilities are run by welfare organisations, NGOs, community based organisations, and private providers (Department of Education, 2001). Due to lack of resources, the quality of much of the services is less than optimal as many of the facilities have no equipment, educators are untrained and conditions are sometimes unhygienic (South

African Law Commission, 2001). According to Biersteker (2003), while there is now awareness of the importance of ECD, there is a history of the government accepting minimal responsibility for children in the youngest age group.

#### **2.4.5 The Importance of ECD in South Africa**

Recent and on-going research in the field of early childhood reflects the global view that ECD is of particular importance to children from developing countries such as South Africa (Williams & Samuels, 2001; Penn, 2005). The World Bank (2013) explains that there are a number of advantages of early education and development including increase in cognitive gains, school enrolment and school completion and a decrease in grade repetition, and early dropout. ECD also leads to positive influences on physical health, mental well-being and socio-emotional traits. Additionally, ECD holds ramifications for higher earning potential, economic gains and female empowerment.

Several longitudinal studies have evaluated ECD programmes in developing countries and found a link between early education and the positive outcomes listed above (Glewwe, Jacoby, & King, 2001). An evaluation of a number of ECD interventions including Jamaica's First Home Visiting Programme, Turkey's Early Enrichment Project and Colombia's Cali Project found that children who participated in ECD interventions displayed higher scores in intelligence tests than children who were not exposed to an ECD programme. Furthermore, these children displayed higher cognitive functioning, better health, highly developed social skills and emotional well-being (Glewwe et al., 2001). Additionally, children who participated in interventions displayed higher enrolment rates, less repetition and less early dropouts. Quality ECD provision is important as educational efficiency would improve and children would then acquire the basic concepts, skills and attitudes required for successful

learning and development prior to or shortly after entering the system, thus reducing their chances of failure (Penn, 2005). The system would also be freed of underprepared learners, who have proven to be the most at risk for failure and early dropout (Department of Education, 2001). ECD between the ages of 3 to 5 years assists children in acquiring the skills necessary for learning and the love of learning that will lead to school readiness and preparedness for formal education (UNICEF, 2001).

Formal education is a stepping-stone on the path to further education and later tertiary education thereby creating future employment prospects and breaking the cycle of poverty and marginalisation (Barbara, 2003). Barbara (2003) adds that the combination of educational provisioning and sound economic policies results in new ideas and technologies, which lead to sustained growth and increasing labour productivity. On-going research on India's Haryana project and ECD programmes in Kenya found that ECD leads to reduced social inequality by improving the prospects of children from disadvantaged backgrounds; particularly females (Myers, 1995; Lokshin, Glinskaya & Garcia, 2000). Thus, Williams and Samuels (2001) rationalized that investing in ECD is the most valuable form of investment in society as it yields both economic and social returns that have far reaching implications for the well-being of individuals and countries. This is particularly important in a country like South Africa where wide social inequalities are prevalent.

## **2.5 BARRIERS TO ECD AND LEARNING**

Despite the value of ECD in the South African context being firmly established, the current state of ECD in the country is largely unstable (Biersteker, 2001). According to the UNESCO EFA monitoring team, not all countries that committed to the Dakar Framework of 2000 are on track with many of the EFA goals including that of expanding early childhood education



and care. It is therefore important to consider factors that affect the current situation. There are two categories of factors influencing ECD; these are risk factors and protective factors. Risk and protective factors are best understood from within an ecosystemic perspective (Vorster, 2012), as these factors work within a circular system that affect one another. According to Sameroff and Fiese (2000) “No single factor is damaging or facilitating, the power of an individual factor or set of factors lies in their accumulation” (p. 136).

### **2.5.1 Risk Factors**

The reason for determining risk factors is to establish causes that contribute to the maladjustment of children. Young children who experience numerous inhibiting influences are more likely to display cognitive, emotional and social difficulties (Walker et al., 2007). Research studies cited in Rathus (2006) provide evidence to the fact that there are many contributing and inhibiting factors to the healthy development of the child. On a personal level, a child is less likely to receive adequate care if he or she is born with a disability or developmental delay (Penn, 2005). The accompanying disappointment, denial and embarrassment experienced by parents increase the potential for abuse, neglect and rejection, particularly if caregivers do not understand the disability. Parents who give birth to an infant with a physical disability often require guidance and intervention to allow for the full development of their child within the reality of the child's condition; thus, parents are often found to neglect the intellectual and physical needs of the child (Penn, 2005).

Since childhood development takes place predominantly in the home, parents are primary educators (Oberholzer, 1979 in Ngobese, 2006). Thus, parents play an important role in the development of their children. Research by Balbernie (2002) affirms this view by adding that child-rearing practices, caregiver mental health, and parental attitudes and behaviour, are all

potential risk or protective factors for child development. Tinajero and Loizillon (2010) suggest that mothers who are not nurturing, supportive and warm may inhibit the healthy development of their offspring. Moreover, family income, poverty and disease are powerful determinants of differences in cognitive development and behaviour of children (Biersteker, 2001). In South Africa over 40% of children are exposed to extreme poverty and various forms of neglect (UNICEF, 2011), with some of these children's most basic human rights and needs such as nutrition, security, shelter, health care and protection not being met. To elaborate further, 1 in 3 children nationwide experience hunger or are at risk of hunger. 1.7 million children live in informal housing such as shacks or squatter settlements where many do not have access to electricity or running water. Persistent poverty has a detrimental effect on the cognitive and socio-emotional development of the child (McLoyd, 1998). Research by McCartney and Philips (2006) set out to understand this further and their findings suggest that economic pressure comprises the well-being of the parent, which inhibits positive parenting behaviours such as support, warmth and stimulation, while increasing negative parenting behaviours such as harsh parenting and abuse. Furthermore, children in under-resourced communities are exposed to community and domestic violence, parental loss due to disease and a myriad of other factors that inhibit healthy development (Engle et al., 2007). Additionally, the family structure has been eroded by various factors, for example apartheid-driven migrant labour practices and the large-scale political and economic upheaval during the two decades preceding 1994. The integrity of the extended family has been compromised, and this has undermined its efficacy as a social support system. With these risk factors presenting a major daily challenge for most individuals in under-resourced communities, educational provisioning is often chosen based on low cost and convenience rather than appropriate stimulation and care. This implies that caregivers within these facilities are often left to lay the foundation for lifelong learning (Biersteker, 2001).

According to Oberholzer (1979 in Ngobese, 2006) teachers, or in the case of this study, caregivers are secondary educators in that they provide care outside of the child's primary developmental and educational domain; the home. Research suggests that it is impossible for a school to function effectively without the support of parents (Momen, 2010). However, according to Biersteker (2001) very little support exists for teachers and caregivers in ECD facilities in South Africa. Additionally, caregivers contend with environmental challenges such as poverty, violence and unemployment, which place both child and caregiver at risk (Dawes & Donald, 1994). According to Balbernie (2002), the environmental factors affecting the caregiver directly affects the development of the child, with persistent hardship and poverty leading to chronic stress and tension, which is proven to drain emotional responsiveness within caregivers leading to stress and tension and therefore inferior caregiving (Dawes & Donald, 1994).

Risk factors to ECD services are any contributing elements that may hinder the provision of adequate ECD. In the South African context, there are many challenges to ECD (Department of Education, 2001). The social situation in South Africa affects the environment, the facility found within the environment, the caregiver within the facility and the child. It is therefore imperative to keep in mind the interplay of the levels effecting ECD in South Africa. High rates of unemployment, substandard housing, poor health provision, inadequate nutrition, crime and violence as well as chronic illness, threaten the development and survival of millions of children and individuals (Robinson & Sadan, 1999). Social inequalities have been found to predict more positive outcomes to the advantaged, than to low socioeconomic groups (Fonagy & Higgitt, 2000). Factors such as HIV/AIDS have also aggravated the problem of care in South Africa. The ability of the community to develop well-adjusted

children depends on the complex dynamics of the causes and effects of poverty operant within a given setting. Aliber (2003) and Biersteker (2001) document the factors that hinder the provision of educational delivery in under-resourced communities. These researchers describe lack of infrastructure, low education and skills levels, unemployment, gender inequality and the effects of the HIV/Aids epidemic as just a few of the factors which impact on the daily lives of the poor living in under-resourced communities.

Based on the above, risk factors exist on a national level, which in turn affect the community level and the ECD facility. Within the care facility, there are further risk factors to quality ECD, including lack of resources, untrained caregivers and unhygienic conditions (South African Law Commission, 2001). Further, risk factors arise because of the caregivers within the facilities, namely personality of caregivers, commitment to education, and level of training and perception of ECD. These factors in turn operate within the broader system of the community and the country.

### **2.5.2 Protective Factors**

Protective factors to ECD are any positive aspect or variable within the environment that may contribute to or enhance a child's development. In terms of the child, exposure to a supportive family environment, caring parents and responsive teachers enhances the future outcome for children. Factors within child care facilities that are protective in terms of ECD are adequate funds, available resources, and parental involvement (Momen, 2010). Research suggests that the most crucial protective factor is the caregiver (Tinajero & Loizillon, 2012). Since research has shown that many children in South Africa spend the majority of their time with caregivers (Gary, 2008), caregivers' interactions with children in the early years can help to improve children's well-being, including their cognitive, emotional and physical

development, school readiness and life skills. When children experience caregivers who have positive perceptions of education, are responsive to their needs, and are educated, the outcome for optimal ECD is substantially enhanced (Tinajero & Loizillon, 2012).

Within communities, further protective variables can be identified such as adequate health care and child care facilities (UNICEF, 2011). These factors are important as they shape the general environment in which individuals live, and allow people to place due importance on educational provisioning for their children, which would not be done if their basic human needs were not met (Tinajero & Loizillon, 2012). While most adults have the capacity to provide responsive and sensitive caring, there are occasionally factors and circumstances that compromise their innate caregiving abilities. Some of these factors include lack of knowledge, extreme poverty and persistent hardship, social isolation, stress of daily living, ill health as well as caregivers' own parenting history, affective disturbances and other psychological disorders. These factors may serve to impair caregivers' capacity to be emotionally available and to provide optimal physical and emotional care and stimulation for children.

## **2.6 PROVISION OF ECD IN SOUTH AFRICA**

In the years leading up to the establishment of democracy in South Africa, it became acceptable that the care of children involves more than watching them and taking care of their immediate physical needs. Rather, it should include the provision of an environment in which children are cared for in a holistic manner and which caters to their physical, social, cognitive and emotional needs (Williams & Samuels, 2001). Despite this renewed focus, there have been many challenges to the implementation of such care in the South African setting. The White Paper for Welfare (Department of Education, 1997), acknowledges the challenges to

ECD and education as discussed above and states that the family structure within South Africa has been significantly affected by the social situation in the country. This paper goes on to list the following as consequences of the turbulent past of the country: inequality in distribution of resources, migration trends, violence and the changing roles of women. For the healthy development of a child, a nurturing, safe and participatory environment is necessary (Rathus, 2006). As women are increasingly forced to join the working environment, child care and stimulation have been tasked to facilities outside of the home (Department of Education, 2001). In South Africa, there are approximately 10 million children who fall within the age bracket of early childhood (UNICEF, 2011), with only 43% exposed to an ECD programme (either formal or informal). Despite this being less than half, the trend towards placing children in care facilities is growing (UNICEF, 2011). However, these facilities remain largely under-resourced and lack qualified caregivers.

### **2.6.1 The Current State of ECD Provisions in South Africa**

The South African Children's Bill 70 (2003), has redefined the concept of ECD care facilities in South Africa through the use of the term "partial care". Partial care tends to be offered in informal settings and alternates with the care provided by parents (Zaal, 2001). This type of facility includes day care centres, playgroups, preschools, nursery schools, crèche's and others in which six or more children are overseen by a caregiver for a temporary period. For this research study, care facilities and partial care facilities are used interchangeably to describe all the above types of early childhood facilities.

In 2001, the Department of Education conducted a nationwide audit of ECD provisioning. The findings suggested that there is a general neglect of ECD services and programmes in the earliest years. According to the report, ECD provision occurs at the highest rate in

community based sites (49%), followed by home based facilities (34%), and the lowest at formal school based sites (17%). Due to lack of resources, the quality of much of the services is less than optimal (Williams & Samuels, 2001). Therefore, children from the poorest sectors are subject to poor quality care (UNICEF, 2001).

Research into care facilities has been conducted to some degree in South Africa. Government census (2011) found informal settings to be the most prevalent form of care in under-resourced communities in South Africa. This factor, however, offers very little information on the facilities themselves or the caregivers and children within the facilities. Keke (2006) conducted research on partial care facilities in Cato Manor, a settlement in Kwazulu Natal. The findings indicate that informal settings for child care had the highest rate of enrolment; moreover, children spent extended periods within these facilities indicating that less time was spent in the home environment with parents. The research found that some caregivers were formally trained; however, many were not. The research did not offer any information on caregivers' experiences and perceptions of early childhood and education. Further research was conducted by Grey (2008) on ECD in the Limpopo province. This research aimed to investigate the quality of child care provided in rural areas. The findings indicate that much of the need for quality child care is not being met in the rural setting. This research considered the informal caregiver and found that majority of caregivers were untrained and poorly qualified. However, Grey (2008) observed the situation quite clinically without considering the perceptions and experiences of the caregivers, particularly how this contributes to their overall interaction with children and provision of care.

### **2.6.2 Quality Child Care**

Quality child care is difficult to define, as this is a subjective matter (Van Der Vyver, 2012). Aspects such as race, culture and religion may affect such views. However, with the early years being of great importance, it is easy to conceptualise that caregiver-child interactions hold ramifications for providing quality experiences. According to the EFA Global Monitoring Report (2010, p. 20) “teachers are the single most important education resource in any country.” In the context of ECD provisioning in South Africa, only 12% of ECD practitioners were recognised as qualified (Biersteker & Dawes, 2008). Furthermore, the status of teachers in the field remains generally low, specifically in South Africa (Katz, 1993a). This view contributes significantly to ECD being under-paid and attracting lesser skilled practitioners (Biersteker & Dawes, 2008). For teachers or caregivers to offer quality child care, they must be knowledgeable on all aspects pertaining to the child. According to Gestwicki (1999), the accumulated research in the field of child development should be utilised in caring for children and creating appropriate educational environments. This implies that child care programmes should be based on current knowledge and understanding in the field which may be a challenge in the South African setting.

Bowlby best demonstrated the need for quality interactions between children and caregivers in research he conducted in the 1950s. Bowlby found that when infants received no stimulation through the interaction with caregivers their physical, emotional and cognitive functioning was severely impaired. Physically, these children were often unable to walk by the age of three, they often failed to develop age appropriate speech patterns and vocalization and they displayed flat affect and inability to interact with others (Bowlby, 1951; Goldfarb, 1945). In the end, these children were unable to establish emotional and social relationships with peers as easily as others and their school performance were adversely



affected (Goldfarb, 1945). Engle et al. (2007) offers biological evidence to support the research above. He found that deficits in proper stimulation and social interactions could disrupt basic neural circuitry, while stimulation can enhance neuro-cognitive processing and brain functioning. Likewise, the need for quality interactions between caregivers and children was firmly established in the theory of Lev Vygotsky. Vygotsky (1978) maintained that social interaction is central to the development of cognition. He further stipulated that learning and development is a product of the internalization of social processes (Vygotsky, 1978). Vygotskian theory proposed the term ‘mediation’ to explain the guidance a child receives from adult interactions. More specifically, he proposed “the zone of proximal development” (ZPD). This describes the potential level of learning a child can achieve with the help of adult guidance. Vygotsky (1978) further proposed that human interaction accounts for how meaning is transmitted and how children obtain knowledge. The adult provides the child with support by organising and simplifying information and transferring it to children. Since caregivers’ interaction with children was found to promote learning, Kochanska (1997) set out to research patterns of caregiving. He found that child care practices are important as children adopt caregivers’ rules and values. Caregivers who are encouraging, warm and supportive, as opposed to controlling, critical and harsh, offer positive outcomes in children’s learning and behaviour (Baumrind, 1971).

Further research has identified a number of caregiver qualities that positively affect ECD. These include understanding, responsiveness, warmth, emotional availability, empathy and reciprocity (Ainsworth, 1992; Baumrind, 1971; Bowlby, 1969; Winnicott, 1965). Research conducted on the Reggio Emilia schools in Northern Italy found that most of the teachers have little more than a high school diploma; however, the ECD programme offered is

considered to be of high quality as a result of the caregivers' characteristics (Edwards, Gandini, & Forman, 1993, as cited in Katz, 1993b).

### **2.6.3 Perceptions, Experiences and Caregiving**

Kostelnik, Soderman, and Whiren (2007) explain that perceptions and experiences shape caregivers' life world and are central to their interactions with children and their ability to offer quality care and to shape development. This corroborates with the view that all aspects of school adjustment, including caregiver-child relationships relies on caregivers' and teachers' perceptions (Birch & Ladd, 1997; Pianta, 1999).

According to Simpson and Weiner (1989), knowledge and understanding is obtained through perceptions and experiences. Thus, one can conceptualise that if caregivers hold positive views on concepts such as education and ECD, they are more likely to offer quality child care. An experiment by Rosenthal and Jacobson (1966) supports the premise that teachers' perceptions shape the quality of care offered to children. The experiment aimed to find out how teachers would react if they perceived certain children to be destined for academic success. Teachers were therefore given names of a number of students who were identified as "geniuses". Follow up research found that teachers indeed offered higher quality care to these students, which advanced the abilities of these otherwise average students beyond that of their peers. This gave evidence to the fact that caregivers' perceptions shape the output offered to children. Likewise, caregivers' own internal representations and history will influence their level of empathy and sensitivity, which contribute to positive interactions with children (Bowlby, 1973). This corresponds with research that found that attitudinal qualities of the caregiver would influence interactions (Biringen & Robinson, 1991). A further study

on 197 preschool teachers, found that teachers' judgement and perceptions are predictors of school outcomes and performance (Saft & Pianta, 2001).

With the trend in South Africa, moving towards child care taking place outside of the home and very little research done on ECD in South Africa (Biersteker & Dawes, 2008), the exploration of caregivers' perceptions and experiences is of significance as it holds major ramifications for the healthy development and future achievement of children and consequently, the country as a whole. This research can shape our understanding of caregivers in ECD programmes in under-resourced areas in South Africa and consequently, offer valuable insight for the development of future interventions aimed at improving ECD. Thus, this research aims to bridge the gap in the literature with regards to caregivers' perceptions and experience of ECD and the related challenges in the field.

## **2.7 CONCLUSION**

The review of literature began by exploring ECD and the manner in which it relates to the South African context; particularly, the importance of ECD in the country, the risk and protective factors impacting on ECD, and the provision of ECD services. According to Trevarthen and Aitken (2001), role players are increasingly calling for change in the provision of ECD. These authors believe that focus on early interactions with significant adults may be the way forward. South African trends indicate that the provision of ECD services are increasing and it is therefore, likely that children will spend the majority of their time in child care facilities outside of the home. Since data on ECD facilities is particularly scarce in South Africa (Biersteker and Dawes, 2008), it seems important to investigate the caregivers who will be tasked with the development of children. Since evidence shows that

caregivers' caring practices are influenced by their perceptions and experiences, this seems to be a vital starting point in the investigation of ECD in South Africa.

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 INTRODUCTION**

Thus far, this study has been presented in terms of its rationale, aims and theoretical and conceptual framework. This chapter intends to clarify the methodological framework by which the study was implemented and provide a concise description of the steps that were followed until data analysis (Rudestam & Newton, 1992). It starts with reviewing the aim of the research and the research questions; followed by a discussion of the research paradigm and design. It further gives an overview of the sampling and data collection methods, as well as the means by which the data was analysed. Finally, the chapter discusses reflexivity on the part of the researcher and ethical considerations.

#### **3.2 AIMS AND RESEARCH QUESTIONS**

This research study is a qualitative inquiry into the experiences and perceptions of ECD held by caregivers in an under-resourced community. The findings of this inquiry will serve to expand on the limited amount of published literature in the area, thereby facilitating deeper understanding of ECD and caregivers in under-resourced areas, as well as the factors influencing these caregivers and ECD in South Africa. Furthermore, these findings may contribute to the development of supportive interventions. To achieve these aims the following research question was posed:

- What are caregivers' perceptions and experiences of ECD in a daycare centre in an under-resourced community?

The following questions aimed at expanding on the question above

- How do caregivers in a daycare centre in an under-resourced community conceptualise ECD?
- What are some of the challenges faced by caregivers working in a daycare centre in an under-resourced community?
- How do these caregivers perceive the risk and protective factors facing ECD in the broader South African context?

### **3.3 RESEARCH PARADIGM AND DESIGN**

Given the aim of this research, being the exploration of caregivers' personal experiences and perceptions of ECD, the research adopts an exploratory and descriptive research design within the social constructivist interpretivist paradigm as discussed by Lipshitz (2012). This paradigm is well suited to the aims of the study as this paradigm acknowledges that the subjective experiences and perceptions of individuals are a result of socially constructed knowledge. This paradigm is further strongly associated with a qualitative research approach, as well as an exploratory and descriptive design.

#### **3.3.1 Social Constructivist Interpretivist Paradigm**

According to Lipshitz (2012) the term *social constructivist interpretivist* was used by Henning (2004, as cited in Lipshitz, 2012) and guides the researcher in gaining “understanding of the lived experiences of the participants” and the manner in which they construct “their reality” (p. 19). Further, according to Merriam (2002, as cited in Leatham,

2005) social constructivism is particularly helpful in understanding participants' experiences and perceptions within a specific context. Likewise, the interpretivist paradigm as discussed by Fossey, Harvey, McDermott, and Davidson (2002, as cited in Bodington, 2010), allows the researcher to gain insight into the meaning that the participants attach to their experiences within their particular context. Since this research was concerned with the experiences and perceptions of a culturally diverse sample grouped together in a particular context, this paradigm allowed the researcher to immerse herself in the worldview of the participants through exploration, description and interpretation of their constructed perceptions and experiences of life events. This is particularly beneficial in a culturally diverse setting such as South Africa (Ponterotto, 2010).

### **3.3.2 Qualitative Research**

Gravetter and Forzano (2003) describe the research design as the framework governing the construction of the study. According to Merriam (1998), the research design assists with the planning, implementation and organisation of information. As noted, a qualitative design, and more specifically a qualitative case study, was deemed appropriate for constructing this research study as it allows for an investigation into people's opinions, perceptions and experiences (Evans, 2007). In qualitative research, the goal is to define, describe and understand individual action from within the insider's point of view (Babbie & Mouton, 2001; Terre Blanche & Durrheim, 1999). Thus, qualitative research provides a 'human voice' to the study that deals not with facts and numbers but with the complexity of behaviour, emotion and opinion that is involved in real world experiences. Additionally, qualitative research methods allow the researcher to study selected issues in detail and depth. The case study design allows the researcher to have an intensive investigation into a single unit (Babbie & Mouton, 2001), which allowed for in depth data gathering and an exhaustive

understanding of the subject matter. A case study further aims to describe and explain a particular case or unit as an example of similar cases or units. The knowledge gained can thus be applied more broadly at a later stage to similar cases (Babbie & Mouton, 2001).

The researcher used a sample of a day care centre in an under-resourced community in Gauteng. Within this centre, eight participants were interviewed using open-ended questions. The data gathered provided the basis for a thematic analysis offering rich insight into caregivers' perceptions and experiences within their natural context. Therefore, the social constructivist interpretivist paradigm and the qualitative case study approach were well suited (Babbie, 2010). Merriam (2002, as cited in Leatham, 2005) explains that "qualitative research is an effort to understand situations in their uniqueness as part of a particular context and the interaction there" (p.5). Lethale (2008, as cited in Lipshitz, 2012) writes that qualitative research is by its very nature exploratory and descriptive while occurring in a specific context. These concepts will be discussed further.

### **3.3.3 Exploratory**

According to Mouton and Marais (1994), using an exploratory design allows the researcher to gain information and insight into an area of research that is somewhat unknown and unexplored. This approach was deemed appropriate as very little is known concerning caregivers' perceptions and experiences of ECD, specifically in under-resourced, South African communities. Therefore, the researcher examined perceptions, ideas, suggestions and experiences that were uncharted; rather than to be guided by pre-held ideas and hypotheses.



### **3.3.4 Descriptive**

This research study is exploratory and descriptive in nature as it aims to understand and explore the subject tentatively while gaining basic familiarity with the topic in order to describe findings (Babbie & Mouton, 2001). According to Neuman (2000), descriptive research aims to provide a detailed and accurate picture of the subject matter, as well as to report on the background and context of the study and to create categories and classification types for better understanding. This study aims to describe the perceptions and experiences of eight caregivers concerning ECD while looking at the background and context of their situation; thereby creating a set of themes in order to gain ultimate understanding of their worldviews and experiences.

### **3.3.5 Contextual**

According to Pillay (2012), each individual constructs his or her reality based on perceptions, views and experiences that are subject to personal interpretation and the context in which the individual finds him or herself. The study's participants exist within a complex interaction of elements of their environment. These contextual factors cannot be discredited. It is with this in mind that the researcher utilised the bio-ecological model and aimed to understand the participants' experiences through personal interaction and contextual observation.

## **3.4 SAMPLING METHODS**

According to Evans (2007), sampling is the use of a small portion of the population to epitomise the total population. Qualitative researchers work with small samples of people in their natural environments (Evans, 2007). According to Dawson (2002), the sample should allow the researcher to gain the most amount of information regarding the subject matter. Therefore, the use of non-probability, purposive sampling was utilised for this study.

### **3.4.1 Selection of Area**

As discussed previously, much progress has been made in the development of ECD services in South Africa, with the goals being the provision of education to all children in South Africa (Department of Education, 2001). However, very little research has been conducted about caregivers' perceptions and experiences of ECD, particularly in under-resourced South African communities. In order to address this, one under-resourced South African community in the Gauteng province, was selected. The area selected will not be identified by name in order to protect the anonymity of the participants; nevertheless, it can be noted that the area is an informal settlement outside of Johannesburg. It was selected because it is an under-resourced area of lower socioeconomic status, which typifies the developing context within Gauteng and is similar to many other informal settlements in South African metropolitan areas. Therefore, though with caution, research findings can be applied to similar settings. Furthermore, this area was selected as it is home to a well-established ECD centre that is very similar to many such establishments in other areas of Gauteng and South Africa. It is hoped that the results of this study may provide rich information that can assist similar ECD centres in South Africa. The description of the area will be discussed in further detail in chapter 4 of this research report.

### **3.4.2 Selection of Day Care Centre**

The participants who were selected to be interviewed for this study were located from a daycare centre within the community. The selection of the day care centre was based on the criterion that it should fall within an under-resourced area in Johannesburg that would be safe to access and should cater to children below the age of 7 years. As the purpose of this study was to investigate the perceptions and experiences of caregivers in a daycare centre and not a formal government or private school, it was decided that the caregivers had to take care of

children below the age of 7 years. Additionally, the centre had to have at least eight potential participants. A number of daycare centres were considered and contacted, and the study was conducted at the day care centre that met the criteria specified. The daycare centre will be described in depth in chapter 4.

### **3.4.3 Selection of Participants**

As discussed above, to gain rich information regarding a particular context or subject matter, the sample should best represent the larger population and should be able to yield information relevant to the subject matter (Dawson, 2002). Thus, the participants were chosen based on a non-probability, purposive sampling technique. For effective qualitative analysis, in depth, semi-structured interviews with the selected caregivers were undertaken. The final sample consisted of eight caregivers in the noted daycare centre, all of whom were involved in taking care of children below the age of 7 years. This number was considered appropriate given that, as mentioned, qualitative research works with smaller numbers and seek to gain in depth knowledge about a particular group of people, rather than extensive knowledge about a larger group of people (Bodington, 2010).

Non-probability sampling is often used to explain very specific phenomena, as is the case with this study. Non-probability sampling involves the selection of participants based on certain inclusive criteria and thus the participants are not randomly selected (Babbie & Mouton, 2001). This type of sampling is further divided into two methods accidental and purposive. As explained above this research uses the non-probability, purposive sampling method, which allowed the researcher to sample with a purpose in mind. Thus, certain inclusive criteria were set for the sample of this research:

- The caregivers selected had to work with children below the age of 7 years.

- The caregivers had to be permanently based at the selected day care facility.
- The caregivers selected were required to live in the community in which the daycare centre is situated as this provided more in depth understanding about the context.

#### **3.4.4 Participants**

As noted, eight participants were identified that met the criteria above. These eight participants were permanent caregivers in the daycare facility utilised for the case study. They each worked with children below the age of 7 years. They all resided in the community in which the daycare centre was situated. The participants are further described in chapter 4; however, their demographics are presented in Table 3.1.

Table 3.1

## Demographic Information of Study Participants

Code	Name	Position	Age of children participant works with	Race	Highest education level (National qualification framework [NQF])	Time at centre
TA	Beauty*	Teacher	5-6 Years	Black	NQF Level 5 Diploma	8 years
TB	Kagiso*	Teacher	1-6 Years	Black	NQF Level 5 Diploma	8 Years
TC	Mpho*	Assistant Teacher	3-4 Years	Black	NQF Level 4 Matric	11 Months
TD	Naledi*	Assistant Teacher	4-5 Years	Black	NQF Level 4 Matric	1 Year
TE	Patience*	Assistant Teacher	3 Years	Black	NQF Level 4 Matric	3 Months
TF	Gift*	Teacher	4-5 Years	Black	NQF Level 4 Matric and Further Courses	3 Years
TG	Puleng*	Teacher	4-5 Years	Black	NQF Level 4 Matric and Further Courses	3 Years
TH	Jewel*	Assistant Teacher	3 Years	Black	NQF Level 4 Matric	11 months

\* Pseudonyms have been used to protect the identities of the participants

### 3.5 METHODS OF DATA COLLECTION

Considering the intricacy of subjective experience, it seemed fitting to utilise a flexible method of data collection and thus individual, in depth semi-structured interviews were conducted with the eight participants. According to Dawson (2002), semi-structured interviews allow the researcher to focus on specific areas of importance. Interviews within a

qualitative approach are an ideal tool for gaining insight into individuals' perceptions (Bless & Higson-Smith, 2000). The interview utilised open-ended questions in order to gain rich information. According to Neuman (2000), these types of questions offer numerous advantages, including answers that permit self-expression, rich detail and creativity, and absence of limitation on possible answers. They further allow for discovery and complexity.

The researcher utilised an interview schedule<sup>1</sup> consisting of a number of open-ended questions. These questions were developed based on literature related to the subject matter, and centred on topics related to ECD, education in South Africa, and challenges caregivers and children face. During the interview, the researcher made use of important communication techniques to facilitate communication, including reflective listening, paraphrasing and summarising (Evans, 2007).

### **3.6 DATA ANALYSIS**

The interviews with the eight participants yielded a vast amount of information that was rich in its nature. In order to make meaning of the data a method that is highly compatible with qualitative research was utilised; Braun and Clarke's (2006) method of thematic analysis. This method allows the researcher to identify recurring themes in the data that can be analysed to gain insight into the data. (Braun & Clarke, 2006).

Braun and Clarke (2006) explain that the themes identified within a particular data corpse offers a method of capturing important information in relation to the overall aims of a research study. In the context of this study, the emergent themes depicted the way in which caregivers in an under-resourced community experienced and perceived ECD. The analysis

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<sup>1</sup> Appendix E for Interview Schedule

of the data took place on multiple levels within the response of each participant and across all eight participants. Braun and Clarke (2006) identified a six-step approach to conducting a thematic analysis; however, they encourage researchers to remember that this process is open to flexible interpretation. Thus, this process should serve only as a guideline for conducting the thematic analysis. The steps below outline Braun and Clarke's (2006) guidelines and the manner in which these steps were personalised to fit this study.

### **3.6.1 Step 1 of Thematic Analysis**

*This step entails familiarising oneself with the data gathered.*

Within this step, verbatim transcription of the audio interviews was conducted, allowing the researcher to begin to familiarise herself with the information obtained from the eight participants. Thereafter, the researcher read all the interviews a number of times, in order to immerse herself in the depth and breadth of the content as suggested by Braun and Clarke (2006). To understand the content, the researcher made notes of her initial impressions of important and relevant points that seemed interesting or unexpected. This helped to shape an initial understanding of the data themes.

### **3.6.2 Step 2 of Thematic Analysis**

*Generating initial codes*

According to Maguire and Delahunt (2009), this step involves the initial organisation of data into meaningful pieces of information. Therefore, once the researcher was familiar with the information gathered, she began to identify the relevant information in the right margin of each transcript (see Figure 3.1). Important, interesting and relevant information was identified based on the subject matter, the literature review and the research questions.

<p>A: So it takes a lot of energy?</p> <p>TF: it takes so much energy it take a lot of time... creativity... because my job is the worst job ever. I know you did psychology so you understand the description of an ECD teacher. I have to see if this child can hold a pencil... what makes a child a problem for her to not hold a pencil, why doesn't this child know how to speak... why is this child quiet?</p> <p>A: There are so many different things to your job</p> <p>TF: yes... I have to capture it every single day and when I am tired how I can do these things.</p> <p>A: So how do you cope?</p> <p>TF: I just have passion and I do it. Yeah I just do. Also we need to carry on because it is a job and a lot of people they don't have job or they don't have enough. But I also like the kids.</p> <p>A: so can you tell me TF, what is the importance of ECD?</p> <p>TF: the importance of ECD is to develop a child at the early stage. ECD we are so important.. so important more then a lecturer. Because a lecture...for a lecturer to be a lecturer he should pass at ECD. So if a child and this is true, most don't believe it but this is true, if a child doesn't have a a doesn't pass ECD, that child in Matric she has a difficulties. Because this is the foundation... how do you build houses without a foundation? It's a foundation phase, its where children learn... like now at the government they introduce the themes like those themes we have got numeracy, maths, life skills, literacy if you can combine those subjects. If you can ask yourself what is life skill? Life skill is biology, geography and history... you understand? And if I am teaching a child a life skill... that child will never get a problem during, with biology at the later stage, with geography at a later stage, with history. Because when u do a theme, lets say our theme is transport, transport s talking about things that take you from one place to another and then that kids they just know that transport is a car, as an ECD teacher you have to implement that, long time ago... that's history, you are aiding history now... there was this kind of a transport... then that kids... that thing that you use for child, you never go anywhere even if they ask her in Grade 7 or Grade 12 the child will now remember from age 3 years till 8 the child will never forget anything.</p>	<ul style="list-style-type: none"> <li>• ECD demands lots of energy, time and creativity</li> <li>• I cope b.c I have passion like the kids</li> <li>• Develop child at early age.</li> <li>• So so important</li> <li>• In order to get to higher education need ECD</li> <li>• No ECD= probs later in life</li> <li>• ECD= foundation</li> <li>• Where children learn</li> <li>• Learn the themes for later schooling</li> <li>• Learn life skills</li> </ul>
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*Figure 3.1* Depiction of section of transcript showing the identification of initial themes

The initial codes identified in the margins of the transcripts were then divided into seven categories (see Figure 3.2 for example). These codes were identified from information in step one and the initial coding. These seven broad categories were ECD, caregivers, the centre, children in the centre, the community, education and parents. Within each of these categories, relevant sentences and data were identified and similar opinions of the participants were clustered together. The aim of this step was to categorise data in a meaningful and systematic manner thereby reducing the extensive data corpse into smaller units of similar information.





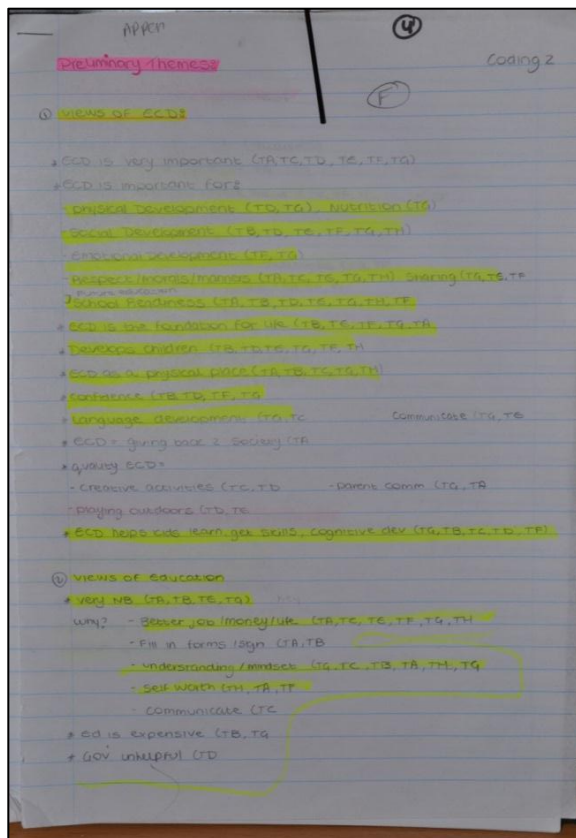


Figure 3.3 Depiction of preliminary themes written and identified

Information from these 13 preliminary themes was then colour coded using highlighters to identify similar information and collapsed further into 10 themes (see Figure 3.4). These 10 themes were:

1. Caregivers' views of ECD
2. Caregivers' views of education
3. Qualities needed by caregivers
4. The role and job of an ECD caregiver
5. Needs in the ECD centre
6. Protective factors in the ECD centre
7. Information about the organisation

8. Challenges teachers face
9. Challenges the community faces
10. Challenges the children face

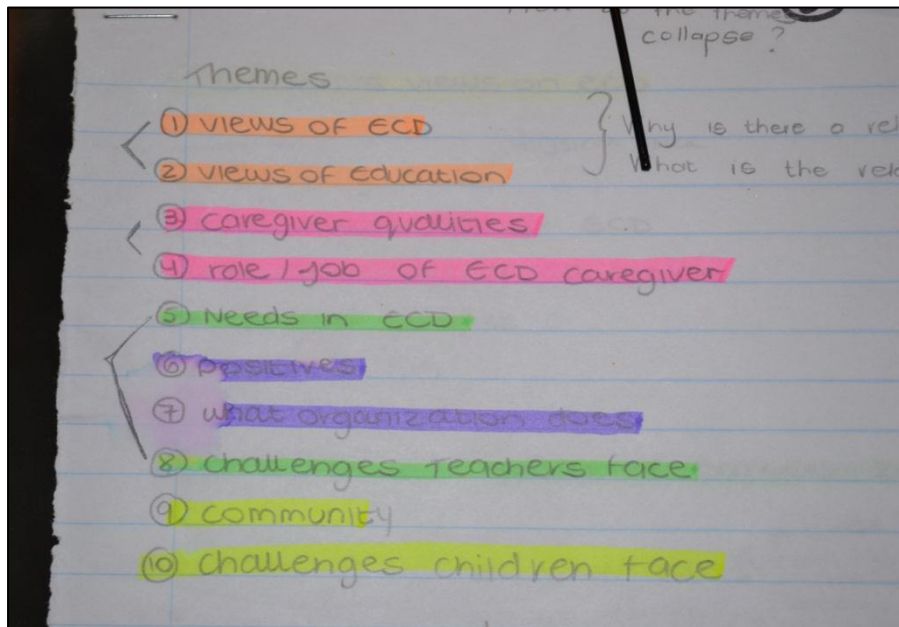


Figure 3.4 Depiction of 10 themes collapsed from the preliminary themes

### 3.6.4 Step 4 of Thematic Analysis

#### *Reviewing themes*

At this point, the initial themes were scrutinised. Thereafter, relevant information was identified and clustered according to refined themes (Maguire & Delahunt, 2009). The 10 themes above were reviewed and scrutinised, and the initial data was revisited. The researcher used highlighters to identify similar and relevant information in line with the overall aims of the research. The 10 themes above were clustered together to broader themes that encompass related information (see Figure 3.5); the result being five themes:

1. The theme of caregivers' views on ECD and the theme on education and the role of caregivers were collapsed into one theme (It was felt that caregivers' views on ECD and education were related in the data, as ECD seemed to be the foundation needed to achieve education. Correspondingly, the role of caregivers and their necessary qualities became one theme as these seemed to relate both in the literature and the findings of the research).
2. Challenges to providing quality child care (The needs identified within the centre as well as the challenges to the teachers were identified as encompassing one theme).
3. Finally, protective factors were identified as the final theme (This was identified to encompass the positive experiences of the caregivers in the ECD centre).

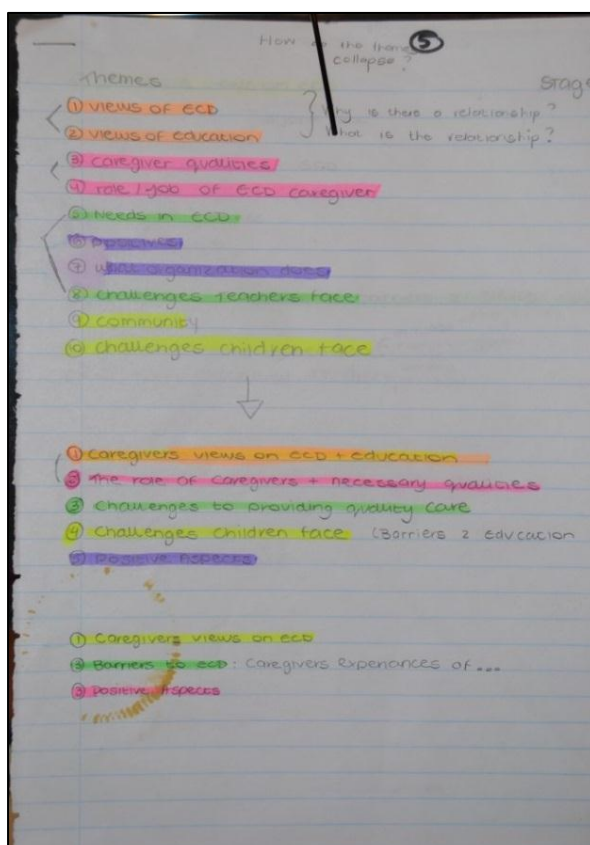


Figure 3.5 Depiction of collapsing themes into three main themes

Thereafter, the transcripts were reviewed and extracts were identified and categorised according to the themes above (See Figure 3.6).

[illegible]

Figure 3.6 Transcript extracts categorised according to themes above

According to Maguire and Delahunt (2009) in step four, the themes should be questioned and revised. In doing so, the researcher felt that the themes were appropriate to the nature of the research. However, upon consultation and revision with peers and researcher supervisors, it seemed that the best way to present the themes of the research was in line with the theoretical orientation of the study. This was suitable as it allowed for the holistic presentation of the findings while highlighting the manner in which the different contexts related to one another.

At this point, the themes and extracts were thus categorised according to Bronfenbrenner's systems (individual, micro-, meso-, exo-, macro- and chrono-systems) (see Figure 3.7).

THEMES	SUBTHEMES	FINDINGS	THEORY FROM LITERATURE REVIEW
The Centre	Positive Factors	<ul style="list-style-type: none"> <li>A centre like this it can really help a lot, because they do need a lot of things here, even computers for adults and other stuffs. (TA/26a)</li> <li>Most of them are not working here so they help a lot at the centre with food with a... a lot of things (TA/26a)</li> <li>But in this centre, this is the only place I know that really helps the community in this area (TA/26z)</li> <li>I have like social workers if we have abused children here, we have other offices to go to if we have problems in school with the children, because its all about the children so I wouldn't say we have much challenges. (TA/27)</li> <li>Like, a child who is sick we have a sister and a sickroom (point to it) and we care for them, even if one child is not happy um... maybe the child is (gasps), himself we must take it into consideration make them feel good. (TS)</li> <li>A centre like this it can really help a lot, because they do need a lot of things here, even computers for adults and other stuffs. (a/g2)</li> <li>Most of them are not working here so they help a lot at the centre with food with a... a lot of things. (a/g2)</li> <li>No centre itself is doing a very good job. (a/g2)</li> <li>But with me personally I don't find anything hard about working here because this is something that, daily love. This is something I really love so I don't find anything too difficult; working here, because to me (its calling so) I really love it, it is so to me (is only a challenge of not having enough resources, otherwise I am not complaining... ja. (a/g2)</li> <li>It does! It does at (ja) centres cos this centre helps a lot. Like, cos the centre has a lot of things, computers, even books, there are many things, even some games, there are some sports equipment, and there's more at this centre than at any other part of the town, here like the other centres they don't have much things, of books, no games, and sometimes the parents come and see their children, the parents come, at least the parents bring their kids, keep their children safe and secure to let the children learn at school like before, the children learn, and when they are home you see, after school, they have some things to do, like, like, some things, some things, like what they have done for the whole day and what is expected out of them tomorrow... maybe they are given homework so it keeps them busy really. (a/g3)</li> <li>The organisation is trying to help those communities because there are some children who they come to us and then it's free of charge because the parents are not working so they bring them here so they can get nutritious food and also be with other children who get happiness because you will find that some of those kids don't...</li> </ul>	

Figure 3.7 Example of theme categorised according to Bronfenbrenner's systems

The data was again reviewed and the bio-ecological model was considered in depth as it relates to the theory. It was found that the data corresponds with the levels or systems described by Bronfenbrenner and these levels could be simplified further for the benefit of the reader. Therefore, the data presented in Bronfenbrenner's levels were further collapsed into relevant categories (see Table 3.2). The categories included the personal context (consisting of Bronfenbrenner's individual level), the home and work context (consisting of the micro and meso-system levels) and the community and wider context (consisting of the exo-, macro and to a certain degree chrono-system levels).

Table 3.2

## Collapsing Bronfenbrenner's Model into Relevant Contexts

BIO-ECOLOGICAL MODEL CATEGORIES	BRIEF EXPLANATION OF CATEGORIES	CONTEXT
Individual System Level	Factors relating to: <ul style="list-style-type: none"> <li>* Personal characteristics</li> <li>* Age</li> <li>* Sex</li> <li>* Religion</li> <li>* Culture</li> </ul>	<b>PERSONAL CONTEXT</b>
Microsystem Level	Factors relating to immediate environment of individual: <ul style="list-style-type: none"> <li>* Home setting (relationships and experience of the home)</li> <li>* Work Setting (Relationships and experiences of colleagues, management and resources)</li> </ul>	<b>HOME AND WORK (ECD CENTRE) CONTEXT</b>
Mesosystem Level	Factors relating to the interaction of the microsystem above.	
Exosystem Level	Factors relating to community resources and services.	<b>COMMUNITY AND WIDER CONTEXT</b>
Macrosystem Level	Factors relating to broader contexts of the individuals life such as cultural and religious ideologies, political and economic circumstances and more.	
Chronosystem Level	Factors relating to time.	

Once these contexts were identified, the researcher further reviewed the three themes above in line with the research aims, overall data and the study and the three themes above were developed to encompass all facets of the study and the data.



### 3.6.5 Step 5 of Thematic Analysis

#### *Defining and naming themes*

According to Braun and Clarke (2006), the aim of this step is to “identify the essence of what each theme is about” (p.92). After much contemplation, analysis and re-analysis four themes were categorised in line with Bronfenbrenner’s bio-ecological model as well as the aims of this research study (see Table 3.3). These themes are thought to be the most comprehensive analysis of the information gathered.

Table 3.3

Overview of Final Themes as They Pertain to the Contexts and Bio-Ecological Model Categories

BIO-ECOLOGICAL MODEL CATEGORIES	CONTEXT	DOMINANT THEMES
Individual System Level	PERSONAL CONTEXT	<b>THEME 1: THE CAREGIVER IN THE ECD CENTRE</b>
		<b>THEME 2: CAREGIVERS’ PERCEPTIONS OF ECD</b>
Microsystem Level	HOME AND WORK (ECD CENTRE) CONTEXT	<b>THEME 3: CAREGIVERS’ EXPERIENCES OF ECD: BARRIERS TO PROVIDING CHILD CARE</b>
Mesosystem Level		
Exosystem Level	COMMUNITY AND WIDER CONTEXT	<b>THEME 4: THE WIDER CONTEXT OF ECD: RISK AND PROTECTIVE FACTORS</b>
Macrosystem Level		
Chronosystem Level		



The final themes are:

### **Theme 1: The caregiver in the ECD centre**

This theme forms part of the personal context and became necessary to discuss the data obtained regarding participants' views of what qualities are necessary for effective caregiving, as well as perceptions surrounding their role as caregivers. This theme serves as the natural starting point to discussing ECD, as it utilises data gathered through observation and discussion and sets a background for the remaining themes.

### **Theme 2: Caregivers' perceptions of ECD**

This theme corresponds with the first theme identified above and falls within the personal context of the caregivers. This theme displays data relevant to the caregivers' definition of ECD and their thoughts, views and perceptions of ECD and education. This theme yields further information on caregivers' perceptions of ECD given their experiences in their environment.

### **Theme 3: Caregivers' experiences of ECD: barriers to providing child care**

This theme partially corresponds with the second theme identified above; it best describes caregivers' experiences of ECD as a result of the challenges faced within an under-resourced community. This theme sheds light on the life world and on-going occurrences the caregivers undergo given both their home context and work context.

### **Theme 4: The wider context of ECD: risk and protective factors**

The third theme identified above was refined and developed to meet the aims of this research study. Thus, it encompasses positive aspects relevant to caregivers' experiences as well as

data concerning the community and wider context of ECD as it manifests in risk and protective factors to ECD.

### **3.6.6 Step 6 of Thematic Analysis**

#### *Producing the report*

The final step identified by Braun and Clarke (2006) entails explaining the data. The themes identified were at this point described in terms of their meaning relating to the research topic, which is discussed in depth in chapter 4.

## **3.7 TRUSTWORTHINESS**

According to Merriam (1998), trustworthiness in research is of utmost importance and involves generating valid and reliable findings and using knowledge constructively. There are four criteria of a trustworthy qualitative study namely credibility, transferability, reliability and conformability (Guba & Lincoln, 1988).

### **3.7.1 Credibility**

Credibility is achieved if the study adopts recognised research methods (Guba & Lincoln, 1988). Additionally, the findings of the study have to be congruent with reality (Merriam, 1998). For this reason, this study adhered to well recognised research methods and the findings were offset against current literature in the field.

### **3.7.2 Transferability**

The second criterion used to establish trustworthiness is that of the applicability of the study to other contexts. The intent of qualitative research is not to generalise findings but rather to form a distinctive understanding of events (Merriam, 1998). In qualitative research and

particularly in the case study design the situation in question is seen as a specific example of a general situation. This is determined by the degree of similarity or goodness of fit between the contexts (Miles & Huberman, 1994). Merriam (1998) explains that a number of strategies can be utilised to enhance transferability. These strategies include offering the reader a rich description of the environment and aspects pertaining to the research so that other interested parties have a reference base for transferability of the information. Another strategy includes offering the reader explanations of how the findings of the study relate to the overall literature so that the reader could make comparisons with their own situations.

To meet the transferability criterion, this research study identified an under-resourced community that is characteristic of many such communities in South Africa and abroad. The daycare centre identified was also chosen because findings from such a centre would be transferable to similar facilities in both under-resourced communities and NGOs across the country. The participants chosen typify the caregivers in facilities in South Africa, particularly in under-resourced facilities. Furthermore, chapter 4 offers a rich description of all aspects pertaining to the study and its setting, in line with Merriam's (1998) recommendations. Additionally, chapter 4 offers both the findings and the discussion of these findings in order to offer the reader explanations of how the study relates to the literature. Thus, ensuring the transferability of this research to similar South African and global contexts.

### **3.7.3 Reliability**

According to Guba and Lincoln (1988), in qualitative research the term reliability refers to the extent to which the findings of the study could be reproduced should the study be replicated in the same context, with the same methods and with the same participants.

Merriam (1988) explains that reliability should lead to dependability, which is accomplished when the results of the study can be replicated by other researchers.

To achieve dependability, the researcher ensured that detailed descriptions of data collection and analysis were offered, as well as the method used to derive findings. An audit trail is a method to ensure reliability developed by Depoy and Gitlin (1994). It is achieved through the procedural information provided in the study's methodology, as well as the information provided on the construction materials in the methodology and the information provided on the use of the materials in methodology. These points were adhered to and evident in the methodology section of this report.

#### **3.7.4 Conformability**

Guba and Lincoln (1988), explain that the term conformability describes the extent to which the findings were a function of the participants and not the bias or preconceptions of the researcher. They emphasise the need to be relatively impartial and free from prejudice, which can be achieved through continuous reflection. To achieve this, the researcher kept a record of personal feelings and field notes after every interview, raw data and transcriptions and the data reduction. Therefore, the trail of data leading to the findings was reviewed continuously and reflexivity was employed.

### **3.8 REFLEXIVITY**

Reflexivity is a valuable tool at the disposal of the researcher that allows for on-going self-awareness and inner reflection during the process of investigation. Reflexivity aids in “making visible the practice and construction of knowledge in order to produce more accurate analyses of our research” (Pillow, 2003, p. 178). Reflexivity accommodates critical

self-reflection in the process of social investigation (Macbeth, 2001). Additionally, reflexivity serves to enhance the researcher's understanding of the participants by reflecting on the effects of the inquiry on the researcher (Dearnley, 2005).

According to Patton (1990), in qualitative investigations the researcher is considered a measuring tool. Since the researcher plays such a vital role in the research study, it is important to be aware of the mindset of the researcher. To begin the researcher is a young White adult with an interest in the field of ECD. Since the researcher grew up in a predominantly White neighbourhood, the positive gains of ECD are generally understood and she therefore wanted to explore the perceptions and experiences of ECD outside of such contexts, which lent this study its impetus. Being in the field of education, there no doubt were certain biases the researcher acknowledges she had to overcome. Despite this, the willingness and interest on her part to research this topic allowed the participants to relate to her as someone eager to share their experiences.

Each participant in the study shared views and experiences that were unique to her life world and thus, the researcher could not attempt to understand the participants' accounts from within her frame of reference. In order to enter the life world of the participants the researcher utilised journal writing to identify and name any preconceived ideas and biases before and after each interview. In doing so, the researcher was able to separate her own information from the participants. These notes were reviewed regularly and discussed with the research supervisor, to compare and diminish the possibility of bias.

### 3.9 ETHICAL CONSIDERATIONS

According to Evans (2007), ethics in social research pertains to balancing the good of many with participants' entitlement to confidentiality. In essence, appropriate ethical procedures allow the researcher to follow certain principles that reduce harm to the participants of a given study (Hesse-Biber & Leavy, 2006).

This research study was guided by the ethical procedure set out by the Health Professionals Council of South Africa (HPCSA), as well as the ethics committee of the University of the Witwatersrand<sup>2</sup>, which the researcher attends. Step one of the procedure was to gain ethical clearance from the University of the Witwatersrand. Only once such clearance was granted, the researcher contacted a number of suitable daycare centres and asked for permission to conduct the research. The management stakeholders were given an information sheet <sup>3</sup>and asked to consent. Only once permission<sup>4</sup> from the higher management of the centre, in which this study was conducted, was obtained, did the researcher approach the principal of the ECD centre, who granted further permission to meet with the caregivers and conduct the interviews. Following this, the researcher met with the participants at the daycare centre in a quiet private room. According to Dooley (1995), voluntary consent of all participants is crucial in social research. Thus, the study was explained to each participant both verbally and in the written <sup>5</sup>form as advocated by Lethale (2008, as cited in Lipshitz, 2012). At this point voluntary participation was emphasised. Thereafter, each participant was requested to sign a consent form<sup>6</sup> for participation in the study. They were made aware that the interviews would be recorded and were asked to consent<sup>7</sup> to this as well. In order to ensure that the information was understood, the researcher verbally explained each consent form and asked if they agreed

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<sup>2</sup> Appendix A for ethical clearance from the University of the Witwatersrand

<sup>3</sup> Appendix B1 for manager and principal of organisation information sheet

<sup>4</sup> Appendix B2 for permission to conduct research from the manager and principal of the organisation

<sup>5</sup> Appendix C1 for participant information sheet

<sup>6</sup> Appendix C2 for participant consent form template

<sup>7</sup> Appendix D for participant consent form for recording template

to the terms. This involved explaining and assuring confidentiality and participants' right to withdraw from the research study at any point, as well as their right to refuse to answer any questions they might not have wished to answer.

The researcher should aim to handle the participants of the study and data gathered with dignity, value and courtesy (Evans, 2007). Therefore, the researcher used counselling skills to treat the participants with respect, empathy and sensitivity. Additionally, reflexivity methods were utilised to reduce bias and preconceived beliefs. The data collected was reviewed and all indications of the participants' identities were removed and replaced with pseudonyms.

### **3.10 CONCLUSION**

The above chapter provided a description of the aims of the research study as well as the qualitative research design and paradigm. Thereafter, the chapter described the sampling techniques utilised, as well as the methods of data collection. An in depth look at the analysis methodology followed with a description of each personalised step in the process of completing a thematic analysis aimed at meeting the needs of this study. The concept of trustworthiness was examined as it pertains to this study followed by a description of the ethical consideration and reflexivity utilised. Chapter 4 deals with the findings and discussion.

## **CHAPTER 4**

### **PRESENTATION AND DISCUSSION OF FINDINGS**

#### **4.1 INTRODUCTION**

This chapter presents both the findings of the investigation and the discussion of data gathered as the analysis of qualitative data inherently includes within it the development of meaning (Langdridge, 2004). This research study aimed to explore caregivers' perceptions and experiences of ECD in a daycare centre in an under-resourced Gauteng community. Additionally, this study further aimed to explore these caregivers' conceptualisations of early development, their experiences of challenges faced in this particular setting and finally the risk and protective factors affecting ECD in South Africa, as perceived by these caregivers. In order to interpret the data gathered, a thematic content analysis was performed which intended to identify both prominent themes and subthemes within the data collected from the eight participants. Since Creswell (1998) explained that the researcher should endeavour to seek underlying meaning in the experiences shared by participants, the data presented is in accordance with their verbatim wording.

The eight participants offered valuable insight regarding their perceptions and experiences of ECD. Given the paradigmatic perspective of this research and the fact that the findings revolve around the individual and the system in which the individual exists, it is useful to utilise the bio-ecological model in understanding the data. The findings will therefore be presented using the different contexts in which the caregivers exist in an under-resourced community. These contexts were described in chapter 3 and are as follows: the direct views and experiences of the participants of their personal context (individual system level); their



home and work (ECD centre) contexts (micro and meso-system levels); and the surrounding community and wider context (exo, macro, and chrono-system levels). This chapter will refer to the contexts listed above rather than to bio-ecological systems; however, these terms aim to encompass within them both meanings. Pillay (2009, as cited in Lipshitz, 2012) advocates for the use of the bio-ecological model in such a manner as it allows the researcher to investigate and present the myriad of interrelated structures that influence the lives of the study participants.

This following chapter will begin by offering the reader a rich background of the context of the study and its participants. Thereafter, an overview of the research findings will be presented before continuing to present and discuss the findings of the study and the relationship to literature in the area. Finally, the chapter will conclude with a discussion of the research questions and final remarks.

## **4.2 CONTEXTS OF THE STUDY AND ITS PARTICIPANTS**

According to Evans (2007), for qualitative research to be both applicable and understandable to the reader, it is necessary to provide rich background information with which to contextualise the study. Furthermore, Leatham (2005) explains that the researcher has a responsibility to give voice to the participants of any study. In order to do so it is necessary for the reader to enter the subjective world of the participants and the following section will therefore provide descriptive information on the participants, the ECD centre in question and the under-resourced community in which the centre is situated. This fits in with the bio-ecological nature of this study by describing the contexts or setting in which the individuals exist. Not only will this allow the reader to understand more fully the findings of the study, but also to humanise the participants and their experiences and bring their voices to life.

#### **4.2.1 Participants (Personal Context)**

The participants of the study were chosen because they are caregivers in an ECD centre in an under-resourced community in Gauteng. These eight participants are all part of the complex system of township existence, which affects their experiences and perceptions. Bronfenbrenner (1979) explains that at the centre of each system is the individual. The individual interacts with his or her environment based on personal characteristics; including dispositions and ecological resources (Bronfenbrenner, 1979). In the bounds of this research, the caregivers that participated form the unit or the level of the individual. There were many similarities and differences between the participants. From a demographic point, each participant was of the same race and lived in the same environment. Four of the eight participants held the position of teacher and four held the position of assistant teacher. The participants all worked with children, generally in the age group of 2-7 years old. They all attained a NQF Level 4, with some having completed additional courses and diplomas. Their work related experience levels varied, with the teachers generally having more experience working in ECD centres. Many of the participants explained that they are passionate about their work and have always wanted to work in the field of early child care. Many also had similar backgrounds as they came from under-privileged families in rural settings and were subjects to conditions of poverty and at times neglect. However, each participant varied in age as well as disposition and ecological resources. These individual difference no doubt account for the variance in the participants' responses, views and experiences related to ECD.

#### **4.2.2 ECD Centre (Work Context)**

The participants' microsystems include their workplace, mainly the ECD centre and their home environment. Within these environments, interactions with other caregivers, parents, children as well as the management of the centre, take place. These microsystems interact

with one another (for example the parents and the management), thereby forming the mesosystem that affects the caregivers. Therefore, a description of these elements will be included in order to offer the reader insight into the context of this research study.

The ECD centre in question is located in an under-resourced community (township) in Gauteng. The ECD centre forms part of an NGO, which was founded in 1994 by the late Chief Rabbi of South Africa, Cyril Harris and businessperson Dr Bertie Lubner. The aim of the organisation is to empower and assist the community in which it is situated. The NGO operates based on donations made by external forces. The initial programme involved home carers that would visit people in the community to provide them with food, assistance and medical care. During the course of these home visits, it became clear to the carers that there was a need to make provision for children as these children were often neglected, abused and developmentally delayed. An ECD centre was subsequently established in 2008. According to the organisation's manifesto, the centre aims to enrich the lives of children by equipping them with the necessary skills to achieve academic success, while offering a safe environment to escape the hardships of township living. The ECD centre has grown tremendously and today caters for approximately 250 children between the ages of 0 to 6 years from disadvantaged families in surrounding areas. The ECD centre is open from 7:30 until 4:30. There are 1 to 2 classes per age group with an average of 45 children per classroom. Each class has a teacher and teaching assistant. The ECD centre has running water, electricity and a kitchen that caters to children's nutritional needs.

#### **4.2.3 Surrounding Community (Community Context)**

According to Harber (2010), the community in question is a microcosm that typifies many other areas across South Africa. It is described as a vibrant community, whose population is

continually exposed to trauma and has subsequently become infamous in South African news as a place of violence, xenophobia, disease, poverty and widespread unemployment. According to the Johannesburg Development Agency (2012), this community was established in 1994 as a relocation area for informally settled households. It is located on the northern edge of Johannesburg, approximately 40 km from the city centre. There is much noteworthy information about the area (see Table 4.1). The area is densely populated; however, the size of the population is disputed with estimates ranging from 160 000 to 350 000 people in an area of 12 km<sup>2</sup>. Although the majority of people in the area are Black Africans, it is an ethnically mixed community with the majority of people from Shangaan, Venda, Tsonga, Phedi or Zulu ethnicity. Housing consists of government-subsidised brick houses and informal dwellings, referred to as 'shacks' by the participants of the study. These informal dwellings are generally made of cardboard, metal pieces, plastic and wood. Most individuals in the area lack basic services such as electricity, water, sewage and refuse removal, which often results in unhygienic conditions. Excessive litter, burst sewers and unpleasant smells are common (Ratshikuni, 2013).

Table 4.1

Characteristics of the Area (According to 2011 statistics)

Characteristics	Diepsloot Township	
Geography/ Demography	Urban High population density 12 km <sup>2</sup> area	
Population	160 000- 350 000	
Employment	Unemployment levels are estimated at 45%-65%	
Racial makeup	Black African	98.0%
	Coloured	0.2%
	Indian/Asian	0.1%
	White	0.2%
	Other	1.5%
Languages	Northern Sotho	22.8%
	Sepedi	22.83%
	Zulu	19.9%
	Tsonga	10.5%
	S. Ndebele	10.5%
	Other	36.3%
Resources	Limited	

Source: Adapted from Ratshikuni (2013)

### 4.3 OVERVIEW OF RESEARCH FINDINGS

During the analysis stage of this study, it became evident that the data gathered from the participants offered a dynamic and complex picture of the perceptions and experiences of these caregivers. Due to the complexity and extent of the data gathered, as well as the many facets of this research, a myriad of interpretations was possible. These were often difficult to

separate into mutually exclusive categories. Despite this, with thorough consideration, four dominant themes were identified that will be presented as part of the bio-ecological model and the participants' environmental contexts. These themes serve both to answer the initial research questions discussed in chapter 1 and to contribute to relevant research and theory related to the findings. These themes further yielded subthemes that assist in clarifying the dominant themes and simplifying the complexity of the data (see Table 4.2). Each theme will include a discussion of related theory and research, as well as its relationship with the theoretical paradigm of this study. With the help of the thematic map table below, the themes and subthemes are listed, presented and related to both the bio-ecological model and the research questions.

Table 4.2

## Thematic Map of Research Findings

BIO-ECOLOGICAL MODEL CATEGORIES	BRIEF EXPLANATION OF CATEGORIES	CONTEXT	DOMINANT THEMES	SUBTHEMES	SUBSECTION	RELATED RESEARCH QUESTIONS
<b>Individual System Level</b>	Factors relating to: * Personal characteristics * Age * Sex * Religion * Culture	<b>4.4 PERSONAL CONTEXT</b>	<b>4.4.1 THEME 1: THE CAREGIVER IN THE ECD CENTRE</b>	<b>4.4.1.1 Personal Characteristics</b>	<b>i) Passion ii) Creativity iii) Understanding the child through listening and effective communication</b>	What are caregivers' perceptions and experiences of ECD in a daycare centre in an under-resourced community?
				<b>4.4.1.2 Caregiver Role</b>		
			<b>4.4.2 THEME 2: CAREGIVERS' PERCEPTIONS OF ECD AND EDUCATION</b>	<b>4.4.2.1 Defining ECD</b>		How do caregivers in a daycare centre in an under-resourced community conceptualise ECD?
				<b>4.4.2.2 The Importance of ECD and Education</b>		
<b>Microsystem Level</b>	Factors relating to immediate environment of individual: * Home setting (relationships and experience of the home) * Work Setting (Relationships and experiences of colleagues, management and resources)	<b>4.5 HOME AND WORK (ECD CENTRE) CONTEXT</b>	<b>4.5.1 THEME 3: CAREGIVERS' EXPERIENCES OF ECD: BARRIERS TO PROVIDING CHILD CARE</b>	<b>4.5.1.1 Barriers Affecting Teachers</b>	<b>i) Lack of resources ii) Caregiver well-being iii) Financial difficulties</b>	What are caregivers' perceptions and experiences of ECD in a daycare centre in an under-resourced community?
<b>Mesosystem Level</b>	Factors relating to the interaction of the microsystem above			<b>4.5.1.2 Barriers Affecting Children</b>	<b>i) Poverty ii) Abuse</b>	What are some of the challenges faced by caregivers working in a daycare centre in an under-resourced community?
<b>Exosystem Level</b>	Factors relating to community resources and services	<b>4.6 COMMUNITY AND WIDER CONTEXT</b>	<b>4.6.1 THEME 4: THE WIDER CONTEXT OF ECD: RISK AND PROTECTIVE FACTORS</b>	<b>4.6.1.1 Risk Factors to ECD</b>	<b>i) Living in a difficult environment ii) Crime iii) Poverty</b>	What are caregivers' perceptions and experiences of ECD in a daycare centre in an under-resourced community?
<b>Macrosystem Level</b>	Factors relating to broader contexts of the individuals life such as cultural and religious ideologies, political and economic circumstances and so on.			<b>4.6.1.2 Protective Factors to ECD</b>		How do these caregivers perceive the risk and protective factors facing ECD in the broader South African context?
<b>Chronosystem Level</b>	Factors relating to time					

## **4.4 PERSONAL CONTEXT**

### **4.4.1 THEME 1: THE CAREGIVER IN THE ECD CENTRE**

The natural starting place to begin when exploring ECD is with the caregiver in the ECD centre. During the course of the interviews with the eight participants, it became evident that the most significant resource in the ECD centre is the caregiver, which implies that factors related to each of the participants are particularly relevant to this study. This theme will look at two subsections; the first relates to personal characteristics such as dispositions and ecological resources, including those identified as necessary for the provision of quality care, as well as those identified by the participants themselves. The second subsection relates to the participants views and experience of the role of caregiver in an ECD centre.

#### **4.4.1.1 Personal Characteristics**

As explained previously, the teacher or in this case, caregiver is the most vital educational commodity in any country (EFA, 2010), especially since children in South Africa are spending increasingly larger amounts of time with caregivers outside the home (Grey, 2008). To learn more about the caregivers in this study, an appropriate starting place would be the characteristics that shape the individual; a theme aptly introduced by Gift:

*“You can have papers and a lot of degrees and diplomas but if don’t have the right stuff, you cannot manage to work with children and that would make you a bad teacher” ~ Gift*

Research conducted by Colker (2008) found that quality care is most often offered by individuals who possess certain characteristics or qualities that predispose them to working with children. Each of the participants of the study identified certain qualities necessary for



an ECD educator. Interestingly, despite theoretically identifying these qualities, it was uncertain whether all the participants felt that they possessed these qualities.

### **i) Passion**

Perhaps the most widely identified quality was passion. Many of the participants felt that this was an integral part of working with children in an ECD centre. Some even believed that this was more important than formal training. This view was expressed in the following extracts:

*“I would say they need to be passionate about it, you can’t look after kids if you don’t have heart. You need to be kind, you need to be patient, you need to understand the kids, they need your attention and you need to protect them.” ~ Jewel*

*“If you are a good ECD teacher you have to have the passion of working with children, you have to care to love the little ones”~ Puleng*

The importance of being passionate about the job echoes research by Colker (2008) who surveyed 43 ECD practitioners’ from diverse backgrounds and found that each of them reported passion to be a number one characteristic necessary for quality caregiving in the early years. The participants in her research study described passion as more than just an enthusiasm for working with children; rather it was described as a ‘drive’. Despite the knowledge that passion is important, it is necessary to look at the action displayed. According to Cantor (1990), even if individuals have both knowledge and skills, if they do not have the dispositions to apply these skills, they will not do so. Therefore, the question here is whether the participants in this study display passion for their work. It would appear that the prevailing consensus amongst the participants was that they loved working with children:

*“This kind of job to me is not a job to me it is a calling because it’s really what I want to do with all my heart” ~Beauty*

*“My work at this centre, ah, I can say I love my job I love being around them, around the children. I like it because it's like every child is yours. Your child is not just the one that is biologically born, so being here with them it also makes me feel happy” ~ Kagiso*

*“I know children, I understand children, I love children, I enjoy working with them and I am very good with them” ~ Puleng*

*“Since 2004 I decided to be at ECD, I haven’t found a failure in my desire, or decision” ~Gift*

However, despite the participants’ clearly indicating their passion for their positions, the situation is very complex and there are factors that affect the teachers’ passion, which will later be explored.

## **ii) Creativity**

Many of the participants cited creativity as an important quality necessary for offering quality ECD care:

*“As an ECD teacher you have to be creative” ~ Beauty*

*“We do activities, creative activities. Those creative activities they help them [children] intellectually” ~ Naledi*

This view corresponds with Colker's (2008) survey that cites creativity as an important characteristic, which preschool teachers should possess. However, the findings of this research highlight that the application of creativity may differ owing to environmental influences:

*"I can think creatively and overcome some of the challenges. That little bit that you do for me it goes a long way, like for example if I don't have trucks or maybe dolls, you know I take maybe a cold-drink bottle and maybe I can make a doll out of it, use maybe a panty-hose and some maybe kokkie pens for eyes and something and I can put it in the class and say children you know how my body is like so you can use some resources to make others and that requires creativity" ~ Beauty*

Being in an under-resourced community, the participants contend with severe lack of resources resulting from financial scarcity. In light of this, the participants viewed creativity as an ability to solve problems and compensate for material scarcity.

### **iii) Understanding the child through listening and effective communication**

Many of the participants explained that there is much value in understanding the child and being on the child's level. This can be achieved through listening and effective communication, as seen in the extracts below:

*"[As an] ECD practitioner you have to be very at a children's level. Understand, just understand their mindset because, so that you can interact with them very easy. Sometimes you might find me maybe sitting on the carpet maybe doing Lego blocks*

*with them just to try to show them... you know what I understand you I understand your world. So that makes the children to be so closer to you.” ~ Beauty*

*“It’s important to listen to the child, the child can say I have a right to be listened to, so I can be helped. Even when they do wrong sometimes, we have to give them that space. Because they learn from mistakes” ~Beauty*

*“You have to be careful how you talk to children, you should not shout to them, because when you shout to children she cannot hear you. Coz you shout. Most people like to shout. We don’t shout, and they respond better, it helps when you are polite and don’t raise voice, it help.” ~ Patience*

These extracts clarify that caregivers in under-resourced settings show sensitivity to the needs of the children they interact with, much like their more resourced counterparts identified in Colker’s (2008) study. Classical research studies cite numerous qualities necessary for superior child care, including high levels of authenticity, openness, empathy and giving as well as being responsive and understanding to the child’s needs (Ainsworth, 1992; Baumrind, 1971; Bowlby, 1969; Winnicott, 1965). It seems that at least some of the caregivers in the centre acknowledge these well documented needs.

The above qualities were the most frequently identified between the participants of the study. Others qualities identified by some of the participants in the study, included patience and kindness:

*“You need to be kind, you need to be patient”~ Jewel*

Some key qualities cited by Colker (2008) that were not acknowledged by the participants of this study, include determination, risk taking, rationality, love of learning, humour, warmth and on-going energy. This may be because the participants work in a very different environment from those cited in the current literature and the complexity of working in an under-resourced setting may contribute to their experience of ECD.

The second category of personal characteristics to explore is that of ecological resources. Bronfenbrenner (1979) identified ecological resources as an important factor influencing the individual's personal characteristics. Ecological resources are defined as mental advantages and disadvantages that contribute to an individual's ability to participate in proximal processes. Some ecological resources include knowledge, skills and experience. These characteristics are vital for effective caregiving according to Katz (1993a) as the effectiveness of a child caregiver stems from a combination of knowledge, skills and personality.

Two groups emerged from the participants of this study; those that act as teachers in the centre and those that are teaching assistants. The teachers (Beauty, Kagiso, Gift and Puleng) generally had further educational training such as a diploma or other courses and they had more experience in the field of ECD. Conversely, the teaching assistants (Mpho, Naledi, Patience and Jewel) had been at the centre for considerably less time and held a matric qualification, without further training.

Across the board, all participants agreed that it is important for ECD teachers to be qualified:

*“It [qualification] helps because they know um... how to teach and they are equipped to care for the children. They know how to talk to the children and um be in their*

*world you know. They can know when the child need something. Ja that's why it's important" ~Beauty*

*"Having knowledge, having education... you know? Knowing exactly what you are working on and understanding and loving it, I think that really helps" ~ Beauty*

Since knowledge is an important ecological resource for a caregiver in an ECD centre it is interesting to note the value the participants placed on their own education:

*"[when] I come here I was not qualified, so I realised that this is the thing I missed, being with children, so the organisation helped me study and I did my early childhood level 1, I started then to work with children and then in 2010 I did level 4, I finish level 4 in 2010...2012 and 2013 I am doing my NQF Level 5. So I am grateful because I started this on a later stage, I think I was 40 something when I started. I have realised that working with them I need to know something and being with them I did not know other things I will do some things I should not do to them, so I thought it was better to have something to... to... go to study" ~ Kagiso*

*"I'm a teacher at ECD, I started here at 2010, I came from a very very poor family, my mother passed away when I was 19, I had to fight a battle to go to school. I was working at ... as a class assistant and then I took myself to school to complete my courses" ~Gift*

*"Actually, this is my 12<sup>th</sup> year working with children... I have level 4- NQF 4, so I know children, I understand children, I love children, I enjoy working with them and I am very good with them" ~Puleng*

However, those that identified themselves as teachers' assistants generally had less formal training and experience. Literature cites the importance of education for proper care of children (Colker, 2008); however, the most interesting finding of this research was the effect of education and experience on participants' views and perceptions of ECD and education, and the impact on their role in the ECD setting.

#### **4.4.1.2 Caregiver Role**

In the bounds of this theme, the participants discussed their role in the ECD centre. Generally, the participants linked their role to the personal characteristics identified above. The findings highlight that many of the participants believed that their role was to embody those characteristics. However, those participants that had more work experience did elaborate on their role as a caregiver:

*"I just teach them about everything that is expected out of me in the class. Different learning areas, classroom layout, identifying children's problems especially abuse, and especially maybe physical and sexual abuse. And so I am expected to be able to identify such children, and um I do, with the education that I got so I am able to identify such children. I also make sure that they understand everything that they are being taught, that they really need to be taught, their rights are practiced accordingly. And ja, I always even try to talk to the parents of the children in my class and explain to them that a, how the children are supposed to be treated even at home. And why it is important for children to be taught what they have to be taught. How is it going to help them" ~ Beauty*

*“I am developing the children emotionally, physically, socially, I can assess, observe and assess and come to the final conclusion. Whereby I say you know this child needs help this child, I pick a lot of problems around kids” ~ Gift*

The same participant went on to explain further that her role in the ECD centre is also about providing the children with a reliable adult figure; a role model:

*“I am the role model, but most people they don’t understand and if like ah... ah some of the child did something wrong and we as a teacher decide to beat that child in front of the other kids those kids that are watching tomorrow they will be something who is doing something wrong to them, then again they will reference you and beat that child. So you like have to teach them when there is a problem you sit down and talk about the problem and find a solution” ~ Gift*

Both the participants above are teachers with some education and background, which was generally not the case with the assistant teachers; however, some of them intrinsically understood their role to provide more than physical care. One participant explained:

*“But always my motto is that to take care of kid is not just to feed a kid, the kid must be happy to come to school. Because it tells if we do care for kid, if kid doesn’t want to come to school it tells that we are not taking good care of the kid” ~ Mpho*

This section serves to clarify the views of caregivers in an under-resourced setting. The participants in the study live in a predominantly Black South African community, which brings with it generations of beliefs and ideas regarding to the role of caregivers and women in society (Taiwo, 2010). These beliefs add to our knowledge of caregivers in such a setting



and allow for a greater depth of understanding of their subjective perceptions of caregiving. Their views possibly evolved as part of the African cultural beliefs regarding females and caregiving. According to Leith (1967, as cited in Lipshitz, 2012), women in African tradition are the transmitters of knowledge and regardless of the profession; teaching is an integral part of being an African woman. Living in a diverse society, many areas are subject to an amalgamation of African tradition and Western views, with caregivers and ECD practitioners merging traditional and Western views to form an appropriate fit for their environment. This combined understanding seems to have shaped caregivers' perceptions of child care and their perceptions of their role in the ECD environment. These views also fit in with the theoretical paradigm of this study and show how the community context (macrosystem) has filtered through the other levels to influence caregivers' perceptions of ECD.

In conclusion, the first section of this study serves to enhance the general understanding of caregivers in an under-resourced community in Gauteng. The above highlights the fact that the participants in this setting hold similar views to caregivers in more resourced environments concerning the characteristics needed for effective child care. In contrast, their role as caregivers and the utilisation of caring characteristics are experienced and understood differently as a result of their environment. This relates to the theoretical paradigm of this study. Bronfenbrenner (1979) described the most basic unit of any system as being the individual. It is the views and perceptions of caregiving and caregiver qualities that shape the participants' interactions with other levels or systems. These individual characteristics and personal perceptions affect the caregivers' interaction with the micro and meso-system levels; namely, the child, the parents, the work environment such as management and colleagues, as well as the participants' own home environment, which affects levels of happiness, and work satisfaction. Additionally, the individual's circumstances contribute to the extent of

influences of the other levels. Therefore, this section explains the influence of the macrosystem on the individual; in particular elements related to culture and tradition. The individual is nestled in the centre of a complex web of inter-relations and connections. These shape the result, namely the caregivers' perceptions and experiences of ECD.

The findings above are significant in light of the theoretical orientation of this research but also in light of the gap in current literature in South Africa. The first theme shed light on caregivers' most basic ideas about ECD and caregiving in an ECD setting. This theme therefore serves to contribute to our understanding of the origins of caregivers' perceptions and experiences.

#### **4.4.2 THEME 2: CAREGIVERS' PERCEPTIONS OF ECD AND EDUCATION**

While the previous theme served as a background by focusing more specifically on what the participants identified as the necessary characteristics for quality caregiving and the role of the caregiver, this theme focuses more directly on caregivers' perceptions of ECD and early childhood education. In describing their perceptions of ECD, the participants' narratives were similar in some cases while in others very different. It was often challenging for the interviewer to navigate between the different opinions due to the similarities and variances identified. However, the main ideas concerning the description of ECD and its importance, as well as the importance of education, will be discussed here.

#### 4.4.2.1 Defining ECD

Knowledge and understanding of ECD would necessitate the ability to define this concept and apply it to particular settings. According to the Department of Education (2001), the prevalent view is that ECD is a general concept that refers to the process whereby children in the early years develop and blossom holistically in the physical, social, emotional and spiritual domains. However, many of the participants struggled to explain this term. As Beauty said, “I can’t even describe it 100 %.”

Perhaps the reason the participants struggled to explain the concept of ECD was that they linked the term ECD to a physical place; the daycare centre in which they work. The participants often called the facility “ECD”. When asked to explain ECD some of the responses were:

*“I would define it as a...a place where children are being taught, children are being groomed” ~ Beauty*

*“Early childhood development I think it’s a place where you must, ah ah especially with dark children you know it gives a root to the children” ~ Patience*

*“I think it’s a safe place for kids... yes... it’s a good place to take care of kids... parents are happy... because it is a safe environment” ~ Jewel*

Interestingly, this view was very prevalent amongst the participants. However, some of the more experienced participants described ECD more in line with the literature as shown in the extracts below:

*“Early childhood development is developing those children from zero at their early age, before they go to school because this is a foundation where they start” ~ Kagiso*

*“To me early childhood development is about the whole child in totality like from birth to maybe six years and to me it is important because those are the very very important years of a child’s life. They can remember something that happened when they were 3 year olds and they can remember back when they are 21. So those are the very very important years. That’s what I understand early childhood to be” ~ Beauty*

This information contributes new knowledge to our understanding of caregivers in under-resourced settings and is significant as it offers an understanding of caregivers’ knowledge where ECD is concerned and contradicts the prevalent definitions of ECD.

#### **4.4.2.2 The Importance of ECD and Education**

Despite ECD being predominantly defined as a physical place, it was acknowledged that ECD is very important. Participants’ perceptions of the importance of ECD are in line with current understanding of ECD as an important period for growth and adjustment in all domains of development (Rathus, 2006). However, the findings offer new insight as to why ECD is perceived as important in the eyes of caregivers in an under-resourced community.

The reasons cited for the importance of ECD varied between the participants with some emphasising certain domains of development more than other domains. However, across the board, one area was emphasised and perceived as the most significant according to many of the participants; ECD was of utmost importance for development in the social domain. The participants cited social interaction, manners, sharing and respect for other as a few of the reasons ECD was important. This view can best be captured in the following extracts:

*“If a child come to ECD she sees a different... faces... different age, she manage to share, she manage to laugh and be angry and cry for one toy, so if a child is at home*

*they are not at ECD, that child will know that this is for me... if I left it here it will be here. At ECD a child learn that this is not for me its for us, we emphasise like children we share. Sharing is caring, we also emphasise that a child need to develop her own emotions, if when I say to a child keep quiet that child will never know when to speak because I said to her keep quiet, but if the child know no ma'am is speaking and then I am keeping quiet.. now ma'am is giving me work and I am doing the work, now I am done and I am playing with the toys, when I play I can talk with friends.... Then that child develop what? Growing up, there is a time for me to listen, there is time for me to make a noise and let people listen to me”~ Gift*

*“Especially to be with other children, you see when I child hasn’t come to school, she isolate herself from other children. Coz at home she is alone, but here at least she will know how to associate with other children” ~ Patience*

*“They {children} learn a lot, they teach them respect and they are also exposed to other kids and then they learn, they learn... respect and manners” ~ Jewel*

*“Even morals, we teach them manners, we teach them a lot of things. How to conduct themselves” ~ Beauty*

*“And it helps to teach them manners. Because some of them if they go to another crèche they can see vulgar languages are learnt, or if they didn’t go to school they don’t talk nicely. But here they learn allot” ~ Mpho*

*“I think it is to teach a a a child a moral at a young age and to teach them also respect. to be good not to be harsh to other children, especially we teach them how to share things because some children are so ... this belongs to me and I don’t want you to touch it! So we teach them how to share things” ~Patience*

A number of participants touched on the topic of language development; however, where this is generally considered a facet of the cognitive domain, the participants generally associated language socialising:

*“I would speak about the language development, the children and friendship, the child will be developing in the group, in the classroom to share, learning to communicate, learning... a lot of things” ~Puleng*

*“[ECD is] Very important to help the kids grow up, and mostly to know the languages” ~ Mpho*

Major research in the field of ECD has indeed stipulated that ECD contributes to the social development of an individual (Barnett, 2004; Ainsworth, 1992; Baumrind, 1971; Bowlby, 1969; Winnicott, 1965). Research by Phal and Barrett (2007) expands by adding that not only is ECD important for social development, but that social development is an imperative part of adjustment to formal schooling. The findings presented above corroborate this view, as social development (including language skills) was deemed particularly important amongst the participants. However, in the case of this study, the participants’ cultural background might more aptly account for them placing a high level of importance on socialisation. The participants are all African and no doubt influenced by cultural and traditional norms. African cultures in South Africa place a high importance on community spirit and communal interaction. The importance of socialisation can best be understood in the African concept of *Ubuntu*. *Ubuntu* implies a way of life dictated by collectivism, which is best expressed in the common Xhosa saying *Umntu ngumntu ngabanye abantu*, which in English means “People are people through other people” (Ngubane, 2004). The implication is that the communal relationship, rather than individuality is the accepted way of life (Ngubane, 2004). This is a

governing principle in the lives of many Black people in South Africa, which accounts for the participants placing high importance on social interactions. The idea of collectivism as a way of life is not specific to African traditions; similar beliefs exist in areas of East Asia. In such places, education is a vehicle of socialisation and the means of equipping children with the skills necessary for partaking in communal life (Cheng, 1998). The results presented in this subsection hold similar implications for African cultures, which has important consequences for the education of culturally diverse children in South Africa. According to Cheng (1998), educational practices must consider cultural norms in order to succeed.

In line with a more individualistic worldview, some participants identified school readiness and future educational prospects as important. Interestingly, only participants that had some formal education identified these aspects important. This corroborates research by Eaton and Louw (2000) that found that African individuals exposed to Western educational experiences generally hold a more individualistic perspective.

*“I would say ECD it’s a foundation of life, its where child start to know herself or start to... because if a child get born and is alone at home the child will never identify herself because she has never seen an image of herself”~ Gift*

*“They have to have a quality foundation, each and every body...you cannot only run to the roof, if the foundation is not strong this house is going to fall down”~ Puleng*

*“ECD I think it’s where children can develop... it starts here at ECD, it’s really important” ~Kagiso*

The views of these participants concur with current literature that explains that the early years lay the foundation for constructive growth throughout the life cycle (Rathus, 2006) and quality ECD provisioning lays the foundation for lifelong prosperity in all domains of

development. However, in contrast to the importance placed on social development, the importance of school readiness may be a result of the press towards preparing children for a more Western conception of education.

In conclusion, the section above sheds light not only on caregivers' perceptions of ECD and education, but also on African views that contribute to the formation of perceptions. This is in line with Bronfenbrenner's bio-ecological model, which explains that the wider context (macrosystem) is a significant contributor to personal understanding and experience. Therefore, this theme serves to clarify the perceptions of what ECD is and why it is important. The significance of this study is in the value of understanding the cultural origins of caregivers' perceptions, which seems to be scarce in current literature on ECD caregivers. This is valuable as Cheng (1998) identified cultural factors as important in the formation of opinions on education. The author explains that culture should not merely be understood as ceremonies, rituals and norms but also as perceptions, which serve to shape the manner in which educators interact with children. Stevenson and Stigler (1992, as cited in Cheng, 1998) explain that the origins or perceptions and beliefs ultimately shape practice. Thus, considering the cultural and traditional aspects of caregivers' perception informs an understanding of their approach to education.

## **4.5 HOME AND WORK CONTEXT**

### **4.5.1 THEME 3: CAREGIVERS' EXPERIENCES OF ECD: BARRIERS TO PROVIDING CHILD CARE**

The third theme of this study relates to caregivers' experiences of ECD. Perceptions, thoughts, ideas and beliefs are partially shaped through experiences and it became evident



that the barriers encountered on a daily basis in the participants work setting shaped many of their experiences. These barriers fell into two sections; the first includes barriers experienced by caregivers directly. The second section includes barriers experienced by the children in the ECD centre.

#### **4.5.1.1 Barriers Affecting Teachers**

##### **i) Lack of Resources**

The first barrier to providing ECD service identified was lack of resources. This barrier was expressed by the majority of the participants as a significant inhibitor to ECD, as well as a challenge in the work context:

*“For me the only thing that I can say that I find it to be hard working here is not like its hard but is that challenge that I told you about not having enough resources” ~ Beauty*

*“We need more resources. We are struggling” ~ Puleng*

It became evident that resources were perceived differently from one participant to the next, some listing toys and equipment, while others listed stationery and notebooks and still others identified lack of qualified teachers as challenging. The scarcity in resources was explained by one of the participants:

*“Especially that I work with the younger ones the equipment is a problem, the toys are old toys, children are not enjoying that toy” ~ Patience*

While another participant explained the need for qualified teachers:

*“Right now for now when I look at the classes I think we need more qualified teachers”~ Beauty*

Participants explained the resources that they get often come from external sources, making them very unreliable:

*“Like if we need a workbook for each child some children’s parents will buy it but others cannot” ~Puleng*

Since the ECD centre is part of an NGO, it is understood that parents often cannot contribute to their children’s educational environment and thus donor support is often sought. However, this holds its own challenges:

*“We have to depend on donors. And you don’t know when a donor is going to come by and say you know what you really need Lego blocks- here are Lego blocks. It can take the whole year for me to get Lego blocks, it can take the whole year for the babies to get teddy bears you know such things so that is a big challenge”~ Beauty*

This scarcity in resources affects the caregivers’ ability to provide quality ECD and educational experiences for the children:

*“We have a curriculum here, whereby children are being taught according to. So we have things and um like we have things per season, we are expected to have taught children about a certain number of things, so you will find sometimes it’s a challenge that ah, we don’t have resources like to put on the ah, ah what do they call it? The interest table and the ah. Just to show children what we are talking about, like if the theme is maybe transport we don’t have cars at all we don’t have anything to show them what we are talking about” ~ Beauty*

In 2000, the South African Department of Education commissioned a nationwide audit of ECD provisioning, in which 23,482 sites were examined. The report on this audit by Williams and Samuels (2001) suggests that lack of resources is prevalent in ECD centres in South Africa, particularly in resource-poor communities. Similar research by Keke (2006) conducted in an under-resourced community in South Africa, further corroborates the prevalence of scarcity when it comes to educational resources; particularly for ECD centres. The information presented in this study by the participants serves to corroborate the Williams and Samuel (2001) findings. Additionally, the findings serve to enhance our understanding of the ramifications of this scarcity as Williams and Samuels (2001) and Keke (2006) presented findings of a general and statistical nature; whereas this report serves to offer a subjective and real world experience of scarcity. It can be seen above that the lack of resources influences the caregivers' ability to offer the type and quality of care that they would like to offer. Furthermore, Puleng explained the ramifications for the children resulting from this lack of resources:

*“So this child doesn't have and has to work on a sheet and this child has a workbook. This thing is also very good for the children, because the one using the paper, [will say] ‘it's because ma'am didn't give me the workbook’. She doesn't understand it's because my mother didn't buy the book, they don't know about all of that they think we are just giving them the workbooks they don't know where they are coming from, so it is not good for them to, what we give children we have to give them the same thing” ~Puleng.*

Ramey and Ramey (2004) investigated the impact of quality preschool environments on children's well-being and found that lack of resources, such as equipment, inexperienced caregivers and poor planning correlates with lower gains in cognitive and emotional domains.

The scarcity in resources described above corresponds with the research by Ramey and Ramey (2004). Additionally, it offers some insight into the impact on the child's sense of confidence and fairness, as well as relationships with peers and caregivers.

## **ii) Caregiver Well-being**

Despite the identified scarcity in resources, research by Biersteker (2001) postulates that the single most important resource in any facility and even any country is the teacher or caregiver. Since this is the case, Colker (2008) explains that the well-being of teachers or caregivers is an imperative consideration in offering quality care to children. The participants in the study identified a number of factors that may hinder their physical, psychological and emotional well-being.

One participant explained that the time commitment in terms of her position is very demanding:

*“So the needs is just for us is rest, coz now it's meant to be holiday but you see it is full” ~ Kagiso*

Generally ECD centres in South Africa have designated holiday times allowing the caregivers a break. According to Ransford (2009), one of the most prevalent complaints in teachers is stress and burnout. These same teachers state that the holiday period allows them an opportunity to recharge mentally and physically before the new term (Ransford, 2009). However, in the case of an NGO this luxury does not exist:

*“Ja it is hard to work through [the holidays] because when the school open they [all the children] will all be here and we will also be here. As a ECD when the school is*

*closed we are not closed here, because we are more than babysitters, we have to be always here. We cannot say because the school is closing we also going to close. These ones [young children] they cannot play on their own, they have to come here. Some go back to places but some cannot so we are here right through” ~Kagiso*

To compound the situation further, the participants explain that they find the long working hours to be particularly challenging. The centre is required to operate from 7:30 in the morning to 4:30 in the afternoon; however, the participants explain that this is not the case:

*“Some children are here are here until 24:00 o’clock their parents do not come and pick them. That is a problem”~ Patience*

*“The challenges that we face here is only the challenge of that one of fetching the children late. Some parents are ignoring it and leave the children until very late”  
~Kagiso*

*“It happens often enough in such a way that we can no longer tolerate it”~ Gift*

This barrier was identified as a major concern, indicating that it affects participants’ well-being and leads to a negative experience of their position as caregivers. This in turn affects their ability to offer quality childhood experiences, as stated by Gift:

*“Now we sleep with the kids here and they don’t even come, they tell us now we can’t take the child at home, so if I am not allowed to go with the child at home, what must I do?... because I am left here staring at this child, shouting at the child... what am I giving to that child? ~Gift*

This barrier thus far has been discussed in terms of the participants’ personal context (individual system) and work context (microsystem); however it holds ramifications for the

participants' home context as well. Gift shed light on the effects of working long hours in the extracts below:

*“WHAT ABOUT MY FAMILY, my son is at school, he finishes at 4:00 and expects to find me at home, he goes home and the house is closed I have the key, now he has to come where I am working... a car hit my son and I am caring for another child, the other parents child, when my child is not safe” ~ Gift*

The same participant later explained that the long hours affect her ability to interact with her family:

*“I get so tired in such a way that I can't even look at them, even at night I will be, my veins will be drumming me to bed and again I have to wake up at 4:00 and be here by 7:00 and carry 45 kids the whole day, coming back home my son says 'mommy please can you play with me'. I can't coz I can't even turn my back, I can't turn my neck I can't do anything” ~ Gift*

Some of the participants explained that the above has led to discord with the management of the organisation, as they are not perceived to be supportive:

*“I think they [management] should help us more. Parents are helped” ~ Naledi*

*“It was happening and our late principal used to say, 'if parents are late we charge R 1 per minute, then when we charged it they were making sure that by latest 4:30 all the kids were gone. We have new manager and he says no this is an NGO, we can't charge the parents, and then they stopped the payment, now we sleep with the kids here and they don't even come” ~ Gift*

The difficulties above have led participants to feel that the management of the organisation does not value them and consequently they feel overlooked and unheard:

*“Sometimes you find that, you know, I have a challenge here or there and sometimes I want to come to, to speak my mind about this challenge I am going through and then you don’t have the opportunity to speak your mind, or maybe if you are speaking your mind they don’t value your words” ~ Puleng*

*“They will be complaining, you know they don’t value your work, they don’t compliment, always they need mistakes as long as we are people there will be mistakes, because no one is perfect, if they are going to come here they say, look at your table its full of papers, why don’t you pack it away, why don’t they talk about what we are doing. This is a mistake, yes I agree but what about the positive?” ~ Puleng*

*“It’s just that they don’t put us first, they don’t think we are important, they don’t care for our needs, the the the organisation interests is all that they care about, they need to care about us more coz we are the ones doing this... but that is not something they care about” ~ Jewel*

This affects caregivers’ levels of job satisfaction, as well as psychological and emotional well-being, which according to Colker (2008), influences caregiver-child interactions and thus is a barrier to quality care.

### iii) Financial difficulties

In addition to the barriers identified above, many participants cited financial concerns as an on-going challenge affecting their well-being and job satisfaction. The participants explained that the financial ramifications of working in an under-resourced ECD centre add to the stress of the long hours and lack of rest. One participant explained that she loves her job but her position is often fraught with difficulties:

*“If you are doing something out of money and not out of your heart then you are going to have a problem, because you will not have what you will need, something, some money some payments. So I am doing this work out of my heart. Sometimes you will find that a child was not collected until 5 o’clock I will have to wait here and then without looking for something that the parents must give me. Because sometimes they don’t have because if they don’t have and then they are late to come fetch the child it’s a problem I have” ~ Kagiso*

Another participant explained that working for a small salary often affects her interaction with the children:

*“Let’s just say our salaries are a challenge because sometimes you can do more more more expecting more, but maybe if I got this amount it would be much better because the more you not happy with the salary the more you will be happy with the kids” ~ Mpho*

Another participant elaborated on this, adding that there are often negative emotions associated with working in this setting:

*“Like ourselves we are cooking for other people, myself I am struggling here it’s more like we are volunteering, not working for anything, it’s a challenge because as I*



*said I am a mother. As much as I like my job, but someday I feel angry, I feel very very bad I am not happy, but I am working. You see a place like this, doesn't have any kind of something that generates income, but through donors, if they donors aren't there? On my mind I always have that question, what if one day they are not there?"~ Naledi*

Many of the participants explained that there is much stress associated with financial difficulties this affects their ability to provide quality care:

*"But you find out, you as an employee of an organisation that say they develop community you earn R1500 they don't treat you like a needy, but they will treat somebody as needy that is earning triple outside because that person doesn't work under [the organisation]"~ Gift*

*"Here I am working they develop community, but sometimes I feel that I am one of the community and it doesn't involve me, and then I don't have a say because they will say to me you have a job, they have needy, they have this thing they call needy, [this organisation] help the needy" ~ Gift*

The findings suggest that many challenges are present in under-resourced communities. This corresponds with research by Biersteker (2001) that states that on-going daily challenges faced by teachers in preschools are a major risk factor for ECD in this country. Furthermore, the above subtheme sheds light on an area seldom mentioned in the literature; that of long working hours in under-resourced settings and its effect on the well-being of caregivers. Further research by Biersteker and Dawes (2008) explains that given the past neglect of ECD in South Africa, the field is unattractive to potential candidates as it involves long hours and poor pay. Biersteker and Dawes (2008) contributed vastly to the overall understanding of ECD provisioning in South Africa by reviewing national plans, legislature and service

delivery. The findings of this research serve to highlight Biersteker and Dawes's (2008) research by expanding on the subjective experience caregivers' face given the state of ECD in the country.

#### **4.5.1.2 Barriers Affecting Children**

A vital element of the caregivers' microsystem is the children, as the caregivers have ongoing daily interactions with them and their perceptions and experiences are shaped as a result of these interactions. Therefore, the second subtheme of this section is barriers facing the children of the ECD centre, as these barriers are challenges that the teachers contend with daily and they are barriers to providing quality ECD services to children. Additionally, these challenges are widespread in under-resourced communities across South Africa, forming part of the risk factors influencing ECD in the country.

It became evident during the interviews that each of the participants experienced numerous barriers facing children in their classrooms and this discussion generally elicited very passionate responses from the caregivers. The main barriers identified by the participants included 'poverty' and 'abuse'.

##### **i) Poverty**

Poverty is a continuous challenge in under-resourced communities (Harber, 2010). The implications of poverty are far reaching and complex, as poverty affects individuals in different ways. Poverty and related themes were identified by all participants, in one way or another, as forming a major barrier not only to the provision of ECD, but also to children's

well-being. Participants discussed poverty on its own, as well as factors related to poverty such as hunger and safety. The topic was introduced by Beauty in the following extract:

*“Most of the children come from a very disadvantaged families” ~ Beauty*

Other participants explained:

*“[This] community... most of the people are poor and they are unemployed” ~Kagiso*

*“There is a lot of movement in this place, a lot of poverty in this place, a lot of children seeing things they shouldn’t. Ahh children minds are growing up, more than they should it’s this place” ~ Naledi*

Poverty influences caregivers’ ability to provide early stimulation, as explained by one participant:

*“Sometimes when we talk about, for example, senses we ask children to bring maybe flowers from home or maybe an orange or a lemon or maybe someone can bring a banana, it is always a challenge for some parents who are unemployed. You know? that R5 coin for them to buy something for the child to take to school and show everyone is a waste for them you know, so we understand such things, so that becomes a challenge at times” ~ Beauty*

Inherent in the topic of poverty is its effects; hunger, cold and lack of resources such as clothing and hygiene products - these are on-going challenges for caregivers. One participant explained:

*“They will sleep some of them on an empty stomach. And you can see when they come here, when they eat breakfast, you can see this child he has not eaten and it is hurting, that is the challenge it is very hard” ~ Kagiso*

*“you will find that children are not getting any food... you can go out there and you will find the child without any shoes, clothing is torn, walking bare feet and parents cannot help there is no money” ~Kagiso*

*“It really affects them because you find that it is winter time and this child is shivering in the morning, we ask why did you not put your socks on, and he says I do not have socks. You understand? The child is growing up in that kind of situation whereby he or she doesn't even have shoes, proper shoes to wear. she doesn't keep warm” ~Puleng*

*“Because children can't focus, some of them they don't eat nothing at home or they come to school to eat. So it's difficult to teach the children with the empty stomach. They can't focus” ~Patience*

Another topic related to poverty is the children's home situations. As discussed the majority of dwellings in the selected area are informal, commonly known as shacks. These dwellings often lack basics such as running water, plumbing and electricity and at times even a front door or any form of protection from natural elements. One participant explained the situation in the community:

*“Here there is lot of poverty, people they live in shack, in little shack, the mother the father the kids” ~Naledi*

Another participant explained:

*“You stay in a place whereby a roof is over boxes, its shack if the rain comes it took it away, then you are left alone” ~Gift*

The physical ramifications of such a dwelling were explained by one participant:

*“You know we are living in shacks here, it is cold even in here at their home, whereby to find that we only have 2 or 3 blankets, sharing! You know it's also risky because they are using things like paraffin, we are using paraffin because we cannot afford to use things like electricity, you know things like that. We, we are using paraffin instead of electricity because places where they use electricity the rent is higher, using paraffin is you don't pay a lot of money for it. You will find, ok I cannot afford to pay R700 for rent, for electricity so I would rather pay R200 and use paraffin, what about the kids?”~Puleng*

In addition to the physical implications of poverty and informal dwellings, living in such situations affects children's psychological and emotional well-being. One participant explained what living in an informal dwelling means:

*“It's hard it is shared it is one room, you will find that you are living husband, wife and kids, all the ACTIVITIES that are being done in one room, all activities for adults; they do those things in front of the kids” ~ Puleng*

Living in conditions of extreme poverty places stress on the children, as they are witness to many situations that can be psychologically harmful. One participant explained:

*“like I said children sleeping where they shouldn't or seeing what they shouldn't, a child comes to class he is depressed because maybe mama is sick and mama cannot wake up, she cannot cook for me , she cannot feed me, we have to be so caring towards that children, why? Because they do not have anything else.”~ Naledi*

While another participant explained further scenarios children may witness:

*“They do fight, remember its one room, it's a shack, when you do fight where are the kids? You know, what are u putting in their mind? ahh they think it is a the right thing*

*remember the child minds they are empty, learning everything that we do. If they see fighting everyday they think it is the right thing to do, if we ...ok...ahhh... how can I put this? Ok, if we are always aggressive, shouting the kids will grow up knowing that” ~Puleng*

The participants agreed that living in such conditions affects children’s behaviour, indicating that they are most definitely being affected in a negative way. One participant explained:

*“A child saying things that like ok what is this? The child says it because it is what he sees” ~ Naledi*

The most recent report of Statistics South Africa (2013) indicates that many Black South African children contend with living conditions characterised by scarcity and hardship. There is no place, where this is more evident than in townships and under-resourced communities. Since children spend the majority of their time in the home or educational setting, the experiences in these contexts have consequences for their health and development (Statistics South Africa, 2013). Unfavourable living conditions are discussed to a certain extent in the data gathered from the participants in the study; however, Albino and Berry (2013) found further conditions that are detrimental to child well-being. They cite poor housing, lack of access to sanitation facilities and lack of water and electricity as indicators for childhood illness, which together with lack of early stimulation compromise the emotional, physical and cognitive health of children. Additionally, living in such conditions, according to Statistics South Africa (2013) is associated with childhood mortality. The data gathered indicates that poverty is a serious concern for children in under-resourced communities. This corresponds with current research that suggests that extreme financial pressure not only compromises the child’s well-being directly, but also places stress on the caregiver (whether it be in the home

or school setting). This stress inhibits positive adult-child interactions and increases negative consequences for children (McLoyd, 1998; McCartney & Phillips, 2006; Engle et al., 2007).

## **ii) Abuse**

The next theme identified is that of abuse. According to the WHO (2010), a high incidence of abuse is associated with living in conditions of poverty. The majority of the participants identified abuse as a major concern for them as caregivers, and a challenge for the children in their classrooms. Ismail, Taliep, and Suffla (2014) explain that four categories of abuse are common; they are physical, emotional, and sexual abuse and neglect. The participants discussed all four types of abuse as being prevalent in the centre. This matter was introduced by one participant in the following extract:

*“I think the challenges children face is when they come here they are happy and when they think of going home, some of them you know abused the child, starts to cry and I am going home and maybe my step dad is going to do this on me, all those kinds of abuses and ah, yeah, children are being neglected so sometimes I think in a child’s mind that is the biggest challenge” ~ Beauty*

Other participants echoed this in the following extracts:

*“Sometimes, they face things like abuse and they don’t eat, maybe some of them their parents are not at home until late. You will find these children live in one room all the family in one room and they see things. Some children are here are here until 24:00 o’clock their parents do not come and pick them. That is a problem” ~ Patience*

*“There are some kids staying in one room with the stepfather with the mother and those kids they are girls they get raped by their own stepfather, they face a lot. You find that that kids she comes back to school tomorrow, to your hands, the child can’t sit properly coz its sore. You talk to the parents and they are like {says African words} which means there is nothing wrong... with my child” ~ Gift*

*“Some parents are working night shift. Maybe it’s a girl and my mother is working night shift, she has to leave the girl with the stepfather in the shack with the stepfather during the night. There are cases of rape and case of abuse and its really challenging, that’s why I am suggesting [for the organisation] to grow, to at least have something for night shift” ~Puleng*

Many of the participants identified neglect as a predominant form of abuse:

*“People they are not taking care of their child, of their own children. I experienced that because some of the children they come in without bath, without changing their nappies. I have to deal with that and it’s hard” ~ Patience*

*Mostly I’m not sure if there is anyone at home for them, they not sure who they going to meet at home, no one for love or to give them food ~ Mpho*

*“Having parents that are drinking, that their parents neglected them, because you find out, you met the child, that child she is maybe 3 years, she is at the street at maybe 20:00 o’clock. Where is your mother? [child says] My mother is not here. and then that child is crying, it is cold. It is very difficult for them because they don’t choose to be here, they don’t say mum please pick me. I fell pregnant and I have to be responsible for my child, if I fall pregnant.[mother] doesn’t want to admit that I fail to*



*be a mother to my kids, this is a problem for my kids because they are now a street kids” ~ Gift*

*“Parents they just sit outside playing cards, gambling, they don’t worry about the children, the kids do their own thing and they are not so disciplined”~ Jewel*

Another participant explained neglect as arising from the difficult social situations facing people in the area:

*“The parents of our children here, most of them are not well, they are not but some are trying I believe, but most of them are just not well...So this even... many have HIV AIDS. It has been very very hard” ~ Beauty*

As a result of such social situations, children are often left in the care of grandparents, which has its own detrimental effects according to one participant:

*“Some of the children they don’t stay with their parents they stay with their grandmother who are too old to take care of the children. Sometimes children come to school without bathing. There is nothing you can do, I have to take care of them. So we wash them and bath them. So they feel like other children” ~ Patience*

The same participant explained that even if the parents do not directly abuse their children, this lack of care has negative consequences:

*“I feel that the community, is, some of the children they are raped when they go home, even from ECD. Their parents do not take care of them they are on the streets” ~ Patience*

The same participant reflected on the complexity of the topic in the extract below:

*“If you can look at White culture and Black culture, it’s a very funny life. This message says, it’s a very funny message, it’s on whatsapp but it says. When a child of a White lady’s sleeping on the couch, the mother will pick that child up and put the child on the bed and give a story time for the child. But when a child of a Black lady sleep on the couch the child will have a smack on the bum and a shout on the ear, ‘hey wake up, who is going to pick you up, go and sleep where you are meant to sleep’. That thing, I am laughing at it but it is reality. I don’t know how we can change it, because our kids don’t get the love they should get from their parents, and this basically happens from, from, like, from our grandmothers and our mothers and us we are doing the same. From generation to generation” ~ Gift*

These findings are significant as they add to the literature in the field of ECD in South Africa; particularly as it pertains to under-resourced communities. The caregivers in the sample shed light on the experiences of the children in the community and how this impacts on their own ability to offer quality care. The ramifications extend not only to furthering our understanding in the field, but also for implementing programmes aimed at alleviating the pressure of these on-going challenges. Hearing the participants’ voices clearly has value for comprehending similar situations across the country.

## **4.6 COMMUNITY AND WIDER CONTEXT**

### **4.6.1 THEME 4: THE WIDER CONTEXT OF ECD**

#### **4.6.1.1 Risk Factors to ECD**

A number of risk factors to ECD were discussed by the participants.

##### **i) Living in a Difficult Environment**

According to prevalent research in South Africa, there are numerous challenges facing individuals living in resource-poor communities. Aliber (2003) and Biersteker (2001) list factors such as disease, violence, poverty and unemployment, as well as lack of infrastructure and community resources as some of the on-going challenges facing individuals in low-income areas. Since individuals in under-resourced communities are contending with life threatening situations on a daily basis, education takes a back seat in the face of more extreme challenges (Williams & Samuels, 2001). This is seen most predominantly in the ECD setting. Despite the clearly proven benefits of ECD, in the under-resourced setting many risk factors exist to threaten healthy ECD.

The participants explained that the ECD centre is situated in a township that faces many challenges. As explained above, the township in question is representative of many similar settings in the South African context and abroad and is therefore significant when considering it as a risk factor to ECD in South Africa.

One participant introduced this topic in one simple sentence:

*“Life in [this area] is very very painful” ~Gift*

Other participants corroborated:

*“[This area] is rough, very rough” ~ Mpho*

*“[This area] I can say this is rough, if you talk about rough. Here there is lot of poverty, people they live in shack, in little shack, the mother the father the kids. There’s domestic violence, extreme domestic violence in this place. Mmm ,there is shebeens, radios blazing through the night, coz like you can’t sleep. There is a lot of movement in this place, a lot of poverty in this place, a lot of children seeing things they shouldn’t. Ahh children minds are growing up, more than they should it’s this place. Then there is abuse, maybe children come here every day and they have been hit and they know to hit others and it is very hard” ~Naledi*

One participant explained the emotional implications of living in this setting:

*“You know frustration, anger can make you do the wrong things, most people in [this area] we are frustrated and if you are frustrated you don’t see light, everything its dark because you are in dark” ~ Gift*

Living in an under-resourced area such as the one in this study, is a risk factor to ECD in numerous ways. First, it affects the quality of care the caregivers are able to offer as living in a high risk area is associated with higher levels of stress according to Van Der Vyver (2012). Secondly, the social situation means that often ECD is not high on the agenda for many parents, as basic survival needs often take precedence over less pressing matters.

## ii) Crime

Crime too is associated with higher levels of stress both for parents and for caregivers such as teachers and assistant teachers. This creates difficulties in their ability to offer quality care to children, thereby affecting their early development and is a risk to ECD in South Africa.

One participant explained the situation in the area:

*“Let’s say this is a community of maybe 500 000 people and you will find that a quarter of them are crooks if I can put it that way, if I take this very confidential document and I say can you read this for me and you find out how she has loads and loads of cash, you know then that’s where a person will crook you because you don’t understand everything” ~ Beauty*

While another participant explained that the result of the trouble in the area is crime:

*“Crime obviously. Because sometimes some of them drop out of school, or they can’t afford to go to school, for them to get money easy they do crime” ~ Mpho*

Another participant corroborated:

*“There is crime, crime, it’s not safe. Like, like you will find that the cars are always running when they are on the streets and they get hit by cars. Every now and then, shoo, and then there is also abuse at home” ~Jewel*

## iii) Poverty

This topic was touched upon previously as it relates to the children directly. This section aims to explain how poverty is a risk factor to ECD in South Africa.

One participant explained the challenge to the people of the area:

*“Most of them are not working, unemployment. They are not educated” ~Mpho*

Another participant corroborated:

*“I think maybe its unemployment and they don’t have enough money to raise their children” ~Patience*

Yet another echoed this view:

*The community is fine apart from the issue of poverty, ja, You know the people here, most of the people in Diepsloot are not working, yeah they are struggling ~Puleng*

The consequences of poverty are extreme, especially for women as explained by one participant:

*“Ok most of the people around they are uneducated so they live with their husbands or boyfriends, so it’s a poor, its its, a very poor community” ~Jewel*

One participant explained the true complexity of the situation in the following extract:

*“Some parents feel that I am not working and if I can tell the teacher that my boyfriend is doing this to my child my boyfriend will chase me out and I will be homeless, the parents also sacrifice the kids life by spending the life with the boyfriend that they don’t even treat the kids proper” ~ Gift*

The risk factors to ECD are well documented in South African literature (Atmore et al., 2012). According to Atmore et al. (2012) these challenges include factors related to infrastructure, nutrition, teacher training, institutional capacity and funding. In light of these findings, it is interesting to note that the participants in these studies did not identify many of

these challenges during the interviews. Rather their concerns for ECD revolved around factors related to the community they live in and their direct experiences of being part of the community. This can be attributed to the communal nature of African culture and a way of life dictated by collectivism, as these are the direct influences that caregivers experience. This is interesting in terms of Bronfenbrenner's theory as well. Bronfenbrenner (1977) stipulates that the individual is in direct contact with the work and home context and thus these factors have more of an impact on the individual; whereas factors related to the wider context or the country only indirectly influence the individual.

#### **4.6.1.2 Protective Factors to ECD**

##### **i. The NGO**

There are many protective factors in any given community; however, the most significant one identified within this community by the participants of the study was the NGO that supports this particular ECD centre. One participant explained:

*“But in this centre, this is the only place I know that really helps the community in this area” ~Beauty*

Other participants echoed this:

*“You know as much as the community is very rough, its places like this one they manage to build and help others” ~ Naledi*

*“[The organisation] has changed people's lives, in different ways because they are developing a community in a way that they are giving kids who are, say, starving at home they are giving them food. Those are the positive things”~ Gift*

It seems that the participants were also keenly aware of the fact that the NGO assists the broader community as well. One participant explained:

*“[The Organisation] is giving them some care, a level of care because you know the people here they are not working and they don't have a lot of money for school fees for their kids and [The organisation] is here to help to to to to give them food as even some children will eat their supper here, most of them will eat their supper here because there is no food at home” ~ Puleng*

There are many protective factors to ECD, discussed in literature in the area; however, this was the only one identified by the caregivers, which indicates that there may be difficulty in viewing the positive aspects that are on offer to the community, perhaps this is due to the myriad of difficulties they experience in their community setting.

#### **4.7 CONCLUSION**

This research began with the aim to explore the perceptions and experiences of caregivers concerning ECD; specifically as it manifests in a resource-poor community in Gauteng. Overall, the participants in this sample yielded rich information that contributes to the general knowledge in the field. After much revision and review of the data, the analysis yielded four themes that encompass the majority of the information presented by the caregivers. Furthermore, these themes serve to answer the main research question posed, as well as the sub-questions used to elucidate the topic.

The first theme involved an exploration of the caregiver in the ECD centre, as this was the natural starting place to understanding the context of the participants. Initially personal characteristics such as dispositions and ecological resources were identified, specifically as



they pertain to working with children and more specifically to working with children in an under-resourced community. Thereafter, participants' perceptions of the role of the caregiver in the ECD centre were presented. The first theme yielded information that contributed to understanding the origins of the caregivers' perceptions and experiences and the second theme moved on to exploring participants' perceptions of ECD, specifically as it manifests in the definition of ECD, as well as their views on the importance of ECD and education. The third theme explored more directly the experiences of working in an under-resourced community setting. Focus fell specifically on the challenges teachers face, as well as the challenges that the children experience. Finally, the data yielded information about the community and wider context of ECD, particularly as it manifests in the risk and protective factors to ECD in South Africa.

The overall findings suggest that the perceptions and experiences of caregivers are shaped by many contextual elements. On the most basic level their personal characteristics, views, beliefs and ideas contribute to the extent to which external factors affect their perceptions and experiences. On another level, the daily challenges of working in an ECD centre contribute to their experiences of ECD and consequently to their perceptions. Additionally, the community and wider context serves to affect the many levels and interactions the caregivers face and thus shape experiences and perceptions. These findings serve to contribute to our understanding of the field of ECD in South Africa, as very little research has been conducted on caregivers in resource-poor facilities. Furthermore, the findings clarify the effects of the environment of caregivers and the challenges they face on a daily basis. Finally, these findings hold ramifications for both future research and intervention as the information presented may form a foundation from which to shape and plan research and interventions based on the very real needs identified by caregivers.

## **CHAPTER 5**

### **OVERVIEW, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION**

#### **5.1 INTRODUCTION**

This chapter serves as a conclusion to this research study by offering the reader an overview of the findings and the strengths of the study, as well as a discussion around the limitations of this inquiry and finally recommendations for further research in the field.

#### **5.2 OVERVIEW OF FINDINGS AND STRENGTHS**

The past decades bear witness, globally and locally, to a shift in worldviews on children and their development. Increasing emphasis is being placed on the importance of the early years, both for individual growth and normal adjustment and for the development of sustainable societies free of social inequalities (Biersteker, 2001). In South Africa, the need to align with global trends in ECD and education is imperative in fighting the lasting consequences of apartheid (UNICEF, 2001). As a result, government is calling for an increased focus on the provision of ECD to children from under-resourced backgrounds. In heeding this call, many NGOs and community initiatives have attempted to offer care to children and thus increasingly children are cared for outside of the home (Williams & Samuels, 2001). However, research has found that only quality interventions and caregiving dictate positive outcomes necessary for change (Steinhauer, 1997, as cited in Grey, 2008). Colker (2008) found that caregivers themselves most often shape quality care. In turn, caregivers are shaped by their perceptions and experiences of their environment and work contexts. In South Africa, much research has been conducted on the provision of ECD and the service and

quality of care offered. However, this inquiry was the first to investigate caregivers' perceptions and experiences of ECD specifically in an under-resourced community. Thus, specific findings emerged:

- The most significant contribution of this study is in understanding the subjective views and experiences of caregivers as this serves to bridge the gap in current literature and enhance global knowledge of caregivers in resource-poor communities.
- The results of the study corroborate existing research in the field, by yielding information on the personal characteristics necessary for quality caregiving and the perceived role of the caregiver in an ECD centre. However, these findings serve to elaborate on current research by offering additional insight into the perceptions of caregivers in an under-resourced environment. Of particular significance is the manifestation of personal characteristics in such a setting. These caregivers have to adapt to scarcity by utilising characteristics such as creativity and passion to solve problems and provide quality care. In addition, this research offers insight into caregivers' roles in relation to tradition.
- New insight garnered from this study relate to the manner in which caregivers define ECD. Specifically, caregivers defined ECD as a "physical place", rather than an abstract concept.
- The findings yielded information on caregivers' perceptions of the importance of ECD, specifically the fact that caregivers emphasised the social domain as the most significant benefit of ECD. The information yielded insight into the need for sensitivity to African tradition and collectivist views in ECD; a factor that has not been considered in relation to the early years. This is significant as the early years shape social and emotional development throughout the life cycle.

- Many of the findings serve to corroborate current literature in the field of ECD. Challenges identified by caregivers such as lack of resources, long hours and financial difficulties are well documented in current literature. However, these factors are seldom explained in relation to the personal experiences of caregivers. This research study offers a human voice to these challenges and thus insight into caregivers' experiences of ECD.
- Similarly, research into the challenges facing young children is well documented and this research again corroborates findings. However, this study offers a unique perspective in that children's challenges are explained from the perspective and experience of caregivers who are left to diffuse many of the situations that children face in marginalised communities.
- Finally, the data gathered highlights the risk and protective factors to ECD in an under-resourced community. These factors are generally well known in the literature and the participants in the study confirmed accepted knowledge while offering insight from within these settings.

In conclusion, the study's strengths lie in the contribution of insights and qualitative information regarding South African caregivers in a developing context. Additionally, this study was particularly relevant to the South African context and the development of ECD. Finally, this study served to enhance understanding of caregivers' perceptions and experiences into ECD through an exploration of their knowledge, challenges and the risk and protective factors to ECD.

### **5.3 LIMITATIONS OF THE STUDY**

The current study has produced a number of positive and interesting findings. However, it is imperative to discuss the limitations of the study. According to Evans (2007), an ability to reflect on the limitations of the study displays insight and reflexivity, as well as an opportunity to provide valuable advice for future research in similar areas.

The biggest obstacle to the study was the small sample as this prevents generalisations to other setting. Despite this, the study was useful as a pilot study on caregivers, as it can open avenues for future investigation into this scarcely researched area. Although case studies offer rich information that is helpful for qualitative research enquiry, the study might have been strengthened by having a more diverse group of participants as each individual has specific ideas, thoughts and perceptions related to their experiences (Grotevant, 1988, as cited in Lipshitz, 2012).

A second noteworthy limitation relates to the fact that the interviews were conducted in English. All eight participants spoke English as a second language and some of them had tertiary education in English, while others had less exposure to the language and hence struggled to express their opinions and ideas in this medium, which may have shaped their responses to the interview questions.

The methodology involved in the data collection was useful in gathering a vast amount of in depth information from the participants. Despite this, it is felt that participants may have presented richer information in the bounds of a focus group. A focus group may have provided certain participants with more impetus and courage to share their knowledge.

It is important to note that some caregivers may have been somewhat weary because of recent retrenchments in the organisation and thus may have answered questions in what they

perceived to be an acceptable and knowledgeable manner, which may have displayed a distorted sense of their true perceptions and experiences.

#### **5.4 RECOMMENDATIONS FOR FUTURE RESEARCH**

The strengths and limitations above provide insight and direction for future research studies in similar and related fields.

- The information in this research yielded data regarding caregivers in an ECD centre. However, research by Bridgemohan (2001) and Momen (2010) give evidence to support the fact that parental involvement in ECD is an indicator for positive outcomes for children. Thus, research into parents' perceptions and experience of ECD in an under-resourced community would be valuable.
- Since this research was conducted in a well-established NGO future research can focus on caregivers in less formal settings in resource-poor communities, such as home based care. Such information would be valuable in increasing our knowledge of the provision of ECD in South Africa.
- According to Williams and Samuels (2001), ECD provisioning in Gauteng is the most developed in the country. Future research into various areas of South Africa would yield findings that would contribute to the formation of ECD interventions in the country.
- Research into the educational gap between Western views of education and traditional views can be explored with reference to the extent to which traditional views are being accommodated in educational settings. This is important as traditional views of collectivism are seldom considered with reference to ECD.

## **5.5 CONCLUSION**

The nature of qualitative investigation is to contribute to understanding of a particular subject (Babbie & Mouton, 2001). This study aimed to enhance understanding of caregivers in an ECD centre in an under-resourced setting by investigating the experiences and perceptions of caregivers. The information found indeed served to contribute to the field, but more so it served to highlight the personal and subjective world of these caregivers. The findings offer a human voice in a field that at times may be subject to clinical observations. Evans (2007) explained that ultimately social research must not neglect its human subjects as it is these voices that offer a glimpse into the real world of the subject.

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## APPENDIX A: Ethical clearance from the University of the Witwatersrand

### University of the Witwatersrand, Johannesburg

#### Faculty of Humanities – Postgraduate Office

Private Bag 3, Wits 2050, South Africa • Tel: +27 11 717 8202 • Fax: +27 11 717 4037



Student Number: 701505  
MS A SACKS

18 May 2013

Dear Ms Sacks

#### APPROVAL OF PROPOSAL FOR THE DEGREE OF MASTER OF EDUCATION IN EDUCATIONAL PSYCHOLOGY

I am pleased to be able to advise you that the readers of the Graduate Studies Committee have approved your proposal entitled "*Exploring caregivers' perceptions of early childhood development*" and you have now been admitted to full candidature. I confirm that Ms Vorster has been appointed your supervisor in the School of Psychology Department.

The research report is normally submitted to the Faculty Office by 15 February. All students are required to RE-REGISTER at the beginning of each year.

You are required to submit 2 bound copies and one unbound copy plus 1 CD in pdf (Adobe) format of your research report to the Faculty Office. The 2 bound copies go to the examiners and are retained by them and the unbound copy is retained by the Faculty Office as back up.

Please note that should you miss the deadline of 15 February you will be required to submit an application for extension of time and register for the research report extension. Any candidate who misses the deadline of 15 February will be charged fees for the research report extension.

I should be glad if you keep us informed of any changes of address during the year.

**Note:** All MA and PhD candidates who intend graduating shortly must meet your ETD requirements at least 6 weeks after your supervisor has received the examiners reports.

Yours sincerely

A handwritten signature in black ink, appearing to read "Julie Poyser".

Julie Poyser  
Postgraduate Division  
Faculty of Humanities  
Private Bag X3  
Wits, 2050  
Tel: +27 11 717 8202  
Fax: +27 86 553 4699



# SPP

Seminars in Professional Psychology



## Ethics Feedback Sheet

**Student:** Ashleigh Sacks

**Student No:** 701505

**Degree:** MEd (Masters in Educational Psychology)

**Supervisor:** Ms Adri Vorster

**Date of Review:** 19/03/13

**Ethics Reader:** Ms Peace Kiguwa

**Title:** Exploring caregivers' perceptions of early childhood development and the impact thereof on childcare and stimulation.

### COMMENTS:

The proposal is well conceptualized and does not present any immediate ethical concerns. This is not a vulnerable population group, the researcher has also taken into account the different ethical issues that might arise from the interview process and has considered the University Ethical Code of Conduct for such procedures. The language in the informed consent forms to the participants is accessible and coherent for a lay person. I have no hesitation recommending that the proposal be accepted for ethical clearance.

### Outcome:

1. Accepted. (Please insert ethics clearance number)	X
2. Minor changes required. Submit minor changes to methodology reader.	
3. To go to Internal Ethics Committee for discussion	
4. The nature of the topic requires proposal to be sent to University Ethics Committee.	
5. Ethics forms (including proposal & consent letters etc.) have been inadequately prepared. To go to University Ethics Committee.	

## **APPENDIX B1: Manager/Principal of organisation information sheet**



### **Psychology Department**

**School of Human and Community Development**

**University of the Witwatersrand**

**Private Bag 3, WITS, 2050**

**Tel: (011)717 4500 Fax: (011) 717 4559**



#### **Manager/ Principal of organisation - information Sheet**

Dear Sir/Madam

Good Day. My name is Ashleigh Sacks, and I am conducting research for the purpose of obtaining a Master's degree in Educational Psychology at the University of the Witwatersrand. My area of focus is early childhood development (ECD) and caregivers' perceptions and experiences of early childhood development, with the aim of understanding the views and needs of caregivers within your facility. I would like to request your permission to conduct such research in your facility.

Participation in this research will entail being interviewed by me. The interviews will take place outside of teaching time at a convenient time for the caregivers who volunteer to participate. The interview will last for approximately 45-60 minutes. During the interview, I will ask questions about caregivers' perceptions and experiences of early childhood development, as well as some of the challenges they face concerning early childhood development in the South African context. With the caregivers' permission, this interview will be recorded in order to ensure accuracy. The participants will not be advantaged or disadvantaged in any way for choosing to participate or not to participate in this study. The participants may refrain from answering any questions they prefer not to answer, and they may choose to withdraw from the study at any point. All of the participants' responses will be kept confidential and no information that could identify them or the facility in which they work will be included in the research report. The caregivers will be referred to by a pseudonym (Eg.

Caregiver X, caregiver Y) in the research. Only my supervisor and I will have access to the interview material (Recordings and transcripts). The raw data will be safely kept in a locked cupboard at the University of Witwatersrand. The data will be retained for the duration of two years should the research not be published and for six years in the event of publication. All the recordings and transcripts will be destroyed thereafter.

If you have any queries about the research, I may be contacted telephonically at 072-3955816 or via email [ashleighsacks@gmail.com](mailto:ashleighsacks@gmail.com). Alternatively, you may contact my supervisor, Mrs Adri Vorster at 011 717 4554 or email her at [adri.vorster@wits.co.za](mailto:adri.vorster@wits.co.za). Feedback will be made available in the form of a summary of the study and its results approximately six months after the interview, it will be sent to you to distribute amongst staff. Your permission to conduct this study would be greatly appreciated.

Kindest Regards

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Ashleigh Sacks

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Adri Vorster



## **APPENDIX B2: Permission to conduct research from the manager and principal of the organisation**



### **Psychology Department**

**School of Human and Community Development**

**University of the Witwatersrand**

**Private Bag 3, WITS, 2050**

**Tel: (011)717 4500 Fax: (011) 717 4559**



#### **Manager/ Principal of organisation – consent form**

I \_\_\_\_\_ consent to Ashleigh Sacks interviewing caregivers within my facility for her research on caregivers' perceptions and experiences of early childhood development (ECD). I understand that:

- Participation of caregivers will be voluntary.
- There will be no risks or benefits from choosing to participate in this study.
- The caregivers may choose not to answer questions should they prefer not to.
- The caregiver may withdraw from the study at any time.
- No information that may identify the school, the caregiver or the learners will be included in the research report, and all caregivers' responses will remain confidential.
- I am informed as fully as possible as to the aims of the research and the possible implications of the study.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## APPENDIX C1: Participant information sheet



### Psychology Department

School of Human and Community Development

University of the Witwatersrand

Private Bag 3, WITS, 2050

Tel: (011)717 4500 Fax: (011) 717 4559



#### Participant information Sheet

Dear Sir/Madam

Good Day. My name is Ashleigh Sacks, and I am conducting research for the purpose of obtaining a Master's degree in Educational Psychology at the University of the Witwatersrand. My area of focus is early childhood development (ECD) I would like to hear about your views and needs. I would like to invite you to participate in this study.

Participation in this research will entail being interviewed by me. The interviews will take place outside of teaching time at a time that is convenient for you. The interview will last for approximately 45-60 minutes. During the interview, I will ask questions about your perceptions and experiences of early childhood development, as well as some of the challenges you face with regards to early childhood development in your community and in South Africa. With your permission, this interview will be audio recorded in order to ensure accuracy. You will not be advantaged or disadvantaged in any way for choosing to participate or not to participate in this study. You may refrain from answering any questions you prefer not to answer, and you may choose to withdraw from the study at any point. All of your responses will be kept confidential and no information that could identify you or the facility in which you work will be included in the research report. You will be referred to by a pseudonym (Eg. Caregiver X, caregiver Y) in the research. Only my supervisor and I will have access to the interview material (Recordings and transcripts). The raw data will be safely kept in a locked cupboard at the University of Witwatersrand. The data will be retained for the duration of two years

should the research not be published, and for six years in the event of publication. All the recordings and transcripts will be destroyed thereafter.

If you choose to participate in the study kindly, complete the form attached. If you have any queries about the research or require feedback on the results, I can be contacted telephonically at 072-395 5816 or via email [ashleighsacks@gmail.com](mailto:ashleighsacks@gmail.com). Alternatively, you may contact my supervisor, Mrs Adri Vorster at 011 717 4554 or email her at [adri.vorster@wits.co.za](mailto:adri.vorster@wits.co.za). Feedback will be made available in the form of a summary of the study and its results approximately six months after the interview, it will be sent to the head of the centre to distribute amongst staff.

Your participation in this study would be greatly appreciated

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Ashleigh Sacks

---

Adri Vorster

## APPENDIX C2: Participant consent form template



### Psychology Department

School of Human and Community Development

University of the Witwatersrand

Private Bag 3, WITS, 2050

Tel: (011)717 4500 Fax: (011) 717 4559



#### Participant Consent form (Interview)

I \_\_\_\_\_ consent to being interviewed by Ashleigh Sacks for her research on caregivers' perceptions and experiences of early childhood development (ECD). I understand that:

- My participation in this interview is voluntary.
- I understand that there are no risks or benefits in choosing to participate in this study.
- I may refuse to answer questions I prefer not to answer.
- I may withdraw from the study at any time.
- No information that may identify me will be included in the research report, and my responses will remain confidential.
- I am informed as fully as possible as to the aims of the research and the possible implications of the study.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## APPENDIX D: Participant consent form for recording template



### Psychology Department

School of Human and Community Development

University of the Witwatersrand

Private Bag 3, WITS, 2050

Tel: (011)717 4500 Fax: (011) 717 4559



#### Participant Consent form (Audio Recording)

I \_\_\_\_\_ consent my interviewed with Ashleigh Sacks for her research on caregivers' perceptions and experiences of early childhood development (ECD) being audio recorded. I understand that:

- The tape recordings will be kept in a locked cupboard at The University of Witwatersrand. Only the researcher and her supervisor will have access to the tapes and the transcripts.
- All tape recordings will be destroyed after two years if the research should not be published and after six years if the research is published.
- No identifying information will be used in the transcripts or the research report. I will be referred to by a pseudonym throughout the research project.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## **APPENDIX E: Interview Schedule**



### **Psychology Department**

**School of Human and Community Development**

**University of the Witwatersrand**

**Private Bag 3, WITS, 2050**

**Tel: (011)717 4500 Fax: (011) 717 4559**



#### **Interview Schedule**

##### **Introduction**

Hello, my name is Ashleigh and I want to start by thanking you for volunteering to participate in my study. Before we start I would like to assure you that whatever you say will be kept confidential, and only my supervisor and I will have access to the tapes. The tapes and transcripts will be destroyed as soon as the data has been analysed. No information identifying you will be used in the report. Anonymity will be kept by assigning a pseudonym to your information in the report, for example X or Y. Any information that may reveal the school will also be kept confidential.

I would like to remind you that you have the right to withdraw from the study at any time during the interview. You also have the right to refrain from answering any questions. A feedback sheet in the form of a summary of the study and its findings will be provided to you approximately 6 months after the collection of the data.

Before beginning the interview, I will need you to read through and sign these two consent forms.

Thank you. If you are ready, we can begin the interview.

Questions:

1. Tell me a bit about yourself
2. Tell me a bit about this community
3. Tell me about your work at this centre
4. What do you think early childhood development (ECD) is?
5. Tell me a little about your view on education in general
6. Tell me a bit about caring for children at this centre
7. What is hard about working here? And what is easy?
8. What do you think about education in South Africa
9. Do you have any further information you would like to share or anything you feel we have not discussed?

**Thank you for your time**